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# ***JPRS Report***

# **Epidemiology**

**AIDS**

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# Epidemiology

## AIDS

JPRS-TEP-92-007

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24 April 1992

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## ANGOLA

### AIDS Crisis Exacerbates Refugee Repatriation

92AF0473Z Johannesburg SOWETAN in English  
6 Feb 92 p 11

[Excerpts] Windhoek—Seemingly insurmountable problems face the Angolan government trying to control the repatriation of more than one and a half million of its nationals in Zaire.

The increasing instability in Zaire has created new pressures, among them a possible large-scale importation of the HIV virus into Angola.

Mr. Joao Miranda, Deputy Minister of International Relations for the Community, a post created specifically to address the problem of an estimated three million Angolans outside the country, acknowledges that the turmoil in Zaire has "aggravated" the repatriation of Angolans from Zaire, about 300,000 of them refugees living in camps.

"The (Angolan) government has discussed repatriation from Zaire and agreed that Angola did not have the conditions to receive such high numbers. This was because the country is not yet free of mines and and because we do not have state administration in all areas." [Passage omitted]

#### Repatriation

"We agreed that the repatriation should start in March, taking into account measures to fight AIDS. But the situation has been worsened by problems in Zaire and we have no concrete solution yet. It has become a humanitarian problem and now we have Zairean refugees coming to Angola too."

He says posts will be established in two provinces "to try and test people; a form of detecting AIDS carriers and trying to establish ways of preventing the spread."

"But there is a problem because the population is coming in numbers even now and during the rainy season. We have to fight AIDS inside Angola and we can't refuse our nationals. The situation is very preoccupying."

He acknowledges that the government does not have enough money to establish an effective testing infrastructure and is trying to mobilise the international community.

"All peace-loving people should contribute to fight the problem of AIDS in Southern Africa," he says. It is a thinly disguised way of saying "we have to help each other."

Sixteen years of civil war in Angola which ended in May last year has meant that there is little reliable data on the spread of the HIV virus in that country. However, the war itself might have contributed to containing the problem in a country where the usual mobility of people has not been possible.

There is equally no definitive data on AIDS in Zaire but it seems to be fairly widely accepted that it is a major problem.

Apart from dealing with the Zaire headache, Miranda's task is to build confidence among Angolans abroad and to promote their return. [Passage omitted]

## CAMEROON

### Minister Warns of AIDS Danger

92WE0291A Yaounde CAMEROON TRIBUNE  
in French 2 Dec 91 p 14

[Interview with the minister of public health, Professor Joseph Mbede, by Waffo Mongo, place and date not given: "A Disaster..."]

[Text] **Mongo:** Mr. Minister, how do you explain the skepticism of Cameroonians about the reality of AIDS?

**Mbede:** We are making enormous efforts to show that AIDS is truly a serious illness that exists in Cameroon as it does everywhere in the world. What may explain the apparent skepticism of Cameroonians is that AIDS did get off to a slightly later start in Cameroon than in other African countries. You know, AIDS is a complex illness: You do not fall ill immediately on the day you catch the AIDS virus. There is a certain amount of time that varies—and that can sometimes stretch up to five years—before you fall sick. Consequently, when AIDS is spreading, the people who are catching the virus are not sick and it is not visible. But once we begin to see patients with it, the situation evolves very, very quickly. And that is what makes AIDS a disaster.

**Mongo:** Are there really AIDS patients in our hospitals?

**Mbede:** I would like first of all to tell Cameroonians that there are AIDS patients. And we can show them those patients. We currently have an official tally of over 650 AIDS patients. We know there are more. What we want to make people understand is that we started with 20 patients in 1987 and today we have over 600. And no one batted an eye when over 300 were reported last year. This means that in the next few years the figures are going to swell: Next year we will have over 1,000 AIDS patients, perhaps 2,000. At this same time, on 1 December 1992, I can assure you that we will have at least 2,000 officially reported AIDS patients—I am telling you this now. And we will continue to have more and more.

**Mongo:** So the outlook is alarming?

**Mbede:** It is important to know that the illness exists, and that of the 1 percent of Cameroonians who are now infected but not sick, perhaps 50 percent will be ill within 10 years. That means we expect to have 60,000 patients, or perhaps more, within 10 years. Well, 60,000 AIDS patients is more than Cameroon's entire hospital system can handle. It is a serious problem; the disaster is

already upon us. It means that even if we halt the transmission of AIDS now, the situation is already disastrous, for when all the patients develop the illness our health services will be swamped. So, it is no joke, it's a reality. There are AIDS patients. I think that gradually, when people have relatives or friends dying of AIDS, they will realize the extent of the problem. But we must not wait until then. Our efforts at this point are aimed at preventing all those patients from coming into being and preventing suffering among Cameroonian. People must be very, very careful. And inasmuch as there is no treatment, the best way to check the disease is still to prevent it.

## COMOROS

### National AIDS Program Drafting Strategy

*92WE0363A Moroni AL-WATWAN in French  
6 Feb 92 p 7*

[Article by Tidjara: "The '92 Action Plan"]

[Text] An intensification of the awareness campaign and the establishment of a system of information on sexually transmitted diseases, AIDS in particular: These objectives are part of the 1992 action plan drafted by the PNLS [National Fight Against AIDS Program] in cooperation with a WHO [World Health Organization] consultant. The government is being asked for a greater commitment in pursuing its actions aimed at checking the spread of the HIV virus.

After a three-month internal campaign of mass awareness, the National Fight Against AIDS Program (PNLS) has begun to draft its schedule of activities for 1992. WHO consultant Ousmane Diouf is now in Moroni to help the PNLS draft an action plan for 1992.

According to Ali Said Salim, the 1992 action plan essentially consists of an intensification of the campaign to make the public at large more aware by organizing meetings and conference debates and establishing a network of information on sexually transmitted diseases (STD) and AIDS. The system will "provide health-care personnel with a technical code of behavior to be followed when handling any STD or suspected AIDS case." It should be noted that training occupies a decisive place in the code and must be provided for health personnel (nurses and midwives at outlying clinics) and leaders in communications techniques "in order to bring education closer to village groups." These are religious leaders, heads of women's associations, biology teachers, and members of prefectoral anti-AIDS committees.

In order to achieve all of these objectives, the PNLS relies a great deal on the technical and financial support of international organizations such as the WHO, UNDP [UN Development Program], and the EEC delegation in Moroni, which have already given their agreement in principle, but above all, on the support of the government. It is time for political decisionmakers to take into

account the National Fight Against AIDS Program, which thus far has operated using outside financing. This is especially true when one realizes that the epidemic is attaining ever more alarming proportions, threatening to "alter" the economic and social fabric of our society and placing the development process in doubt inasmuch as the disease strikes economically productive young people and adults.

We must also be concerned about the perpetuation of the PNLS inasmuch as the financial backers cannot continually finance the program, which was not taken into account when the 1992 budget was drafted. Program officials therefore intend to organize a meeting aimed at making the members of the government more aware.

Indeed, the AIDS epidemic is not only a health problem, but a social problem as well.

## GUINEA-BISSAU

### Ten Percent of Inhabitants HIV Positive

*AB1904152092B Paris AFP in English 0351 GMT  
11 Apr 92*

[Editorial Report] Ten percent of the 1.2 million inhabitants of Guinea-Bissau are carriers of the AIDS virus, the head of the West African country's anti-AIDS fight, Magda Da Silva, has said. He said the spread of the virus was due mainly to sexual promiscuity and widespread polygamy. She added that the number of cases of full-blown AIDS stood at 182 at the end of March, up from 76 in 1989, when AIDS tests were first brought in. The disease was most prevalent among the 25 to 39 age group, with men slightly more affected than women—52 percent against 48 percent.

## MALI

### Bamako Hospitals Record 377 Cases of AIDS

*AB1904152092A Bamako Radiodiffusion- Television du Mali Radio in French 1300 GMT 12 Apr 92*

[Editorial Report] AIDS, considered to be the disease of the century, really exists and is quite alive in Mali. In 1991 alone, the two hospitals of Bamako recorded 377 cases and thousands of sero-positives touching all ages and both sexes. Prevention is the best way to fight the disease, which is why the anti-AIDS program has set up mobile information teams in order to better inform and educate the Malian people on this serious world plague.

## MOZAMBIQUE

### Seminar on Family Planning Lists AIDS Cases, Affected Areas

*MB0603200592 Maputo Radio Mozambique Network in Portuguese 1730 GMT 6 Mar 92*

[Excerpt] The National Seminar on Family Planning being held in Maputo is on its second day. Our correspondent Jaime Mau reports: [Begin Mau recording]

A total of 340 AIDS cases had been detected in Mozambique by December last year, affecting in particular 20-to 40-year-old citizens of both sexes, but affecting the male sex slightly more. According to data made public at the seminar on family planning this morning, the five most affected provinces are: Maputo city [regarded as a province] with 90 cases; Manica Province, with 67; Maputo Province, with 63; Tete Province, with 33; and, finally, Sofala Province with 29 detected AIDS cases. [passage omitted] [end recording]

### Twenty-Four AIDS Cases Recorded in Manica in 1991

*MB1503211792 Maputo Radio Mozambique Network in Portuguese 1730 GMT 15 Mar 92*

[Text] A report presented during the Health Directorate Coordinating Council reports that 24 cases of AIDS were recorded in Manica Province in 1991. Of that figure, 13 are men, and 11 women.

### Inhambane Province Records 6 AIDS Cases

*MB3103054992 Maputo Radio Mozambique Network in Portuguese 1900 GMT 30 Mar 92*

[Text] Six cases of AIDS have been recorded in Inhambane Province. Three of the patients have already died. Xavier Candido, head of Inhambane Province's AIDS Combat Program, said a program of public education on the importance of the use of condoms and other preventive measures against sexually transmitted diseases is underway in the province.

## NIGERIA

### Minister Says 400,000 Nigerians Carry AIDS Virus

*AB2503184492 Paris AFP in English 1809 GMT 24 Mar 92*

[Text] Lagos, March 24 (AFP)—About 400,000 Nigerians are carriers of the deadly acquired immune deficiency syndrome virus, according to Minister of Health and Human Services Olikoye Ransome-Kuti.

Addressing an international workshop on control and prevention of HIV/AIDS infection in Jos, central Plateau, he said about 20 percent of prostitutes in Lagos,

Nigeria's most populous city, and 18 percent in Enugu, capital of Enugu state, had been infected with the virus since 1986.

News Agency of Nigeria (NAN) also quoted him as saying that about 5 percent of pregnant women who attend ante-natal clinics in one of the states of the federation—which he did not name—were AIDS carriers.

Unless concerted efforts were made by all to curb the spread of the disease, about 80 percent of hospital beds in the country would be occupied by AIDS patients, Ransome-Kuti warned. The workshop is jointly organized by the Global programme on AIDS and the WHO.

## SENEGAL

### Number of AIDS Cases Increases to 648

*[AB1904152092B Paris AFP in French 0949 GMT 9 Apr 92]*

[Editorial Report] The number of people who have caught the AIDS disease in Senegal stood at 648 by the end of March compared with 552 nine months ago, the daily LE SOLEIL reported today, quoting Professor Ndoye, coordinator of the Senegalese Anti-AIDS National Committee. Prof. Ndoye, however, felt that it was still possible to bring the epidemiological situation in Senegal under control by preventing the spread of the AIDS virus through information, education, and communication.

## SOUTH AFRICA

### HIV Incidence Affecting Natal Industry

*92WE0325A Johannesburg THE STAR in English 17 Feb 92 p 6*

[Text] Durban—AIDS infection in Natal industry is probably hundreds times worse than managers believe—and business leaders have been urged to take steps to cope with a problem that threatens to overwhelm them.

In contrast to a recent survey of manufacturing companies in the province with total employment of more than 100,000—which disclosed only 14 reported HIV positive cases and eight employees with full-blown AIDS—the University of Natal's virology department estimates a company with a payroll of 1,100 could have 80 HIV-infected staff members.

Quoting these figures at a Natal Chamber of Industries seminar on the impact of AIDS on business, Tongaat-Hulett group corporate planning manager Jan Wiltshire said the difference suggested companies were ignoring the threat.

"With figures like these, Natal industry cannot afford to ignore the problem and should do something about it immediately," she said.

She believed few companies had adequately assessed the impact of AIDS on their businesses.

"One can't help getting the impression these assessments of the differential impact on the economy and the (survey) respondent's businesses was based not nearly so much on logic as on the familiar problem of denial—that feeling of 'it won't happen to me,' or 'if I ignore it, the problem will go away.'"

On behalf of the Natal Business AIDS Forum, which conducted the survey, Mrs. Wiltshire appealed to researchers and to government authorities to make available information on the spread of the disease.

Without information, firms were unlikely to take the disease seriously enough to start assessing its potential impact.

**New Compound Allegedly Destroys AIDS Virus**  
*92WE0371A Johannesburg ENGINEERING NEWS in English 28 Feb 92 p 4*

[Text] Johannesburg research chemist Toni Martin has developed a new compound that she says cleans while destroying bacteria, fungi and viruses (including AIDS).

Protect U simultaneously performs all four of these functions, Martin says.

The compound, in liquid or gel, has been tested by the SABS [South African Bureau of Standards], Onderstepoort, and Roodeplaat Laboratories with favourable results.

Because of its unique nature, the SABS has had to devise a new product category.

Outside the body it reportedly destroys AIDS, hepatitis-B, salmonella, staphylococcus, Legionnaires' disease, and all common South African bacteria, viruses and fungi.

"The product is totally user-friendly and biodegradable. It dissolves in water, doesn't stain, and has a proven shelf-life of 12 months," Martin says.

"I looked around for a product with all these features—and couldn't find one. So I developed my own," Martin says, "because I believe that some diseases are being spread in far more ways, and far more rapidly than most people are aware."

She says that her research was soundly based on information contained in the British pharmaceutical journal MARTINDALE.

**Report Cites Venda AIDS Figures**

*MB1903090492 Johannesburg SAPA in English 2132 GMT 18 Mar 92*

[Text] Pietersburg Mar 18 SAPA—The number of AIDS carriers in Venda had increased, the homeland's Department of Health said on Wednesday.

In a population which did not exceed a million, there were already 31 positively diagnosed HIV carriers. This number could be higher as undiagnosed carriers might not have been identified.

In November 1991 there were 23 known carriers.

Only two AIDS-related deaths had been reported.

The Venda Department of Health said there had been no reports of infants being HIV-positive at birth.

**Kruger Park Lions With Feline AIDS Confirmed**  
*92WE0378A Johannesburg THE STAR in English 5 Mar 92 p 3*

[Text] A South African expert has confirmed that the feline version of AIDS—feline immunodeficiency virus (FIV)—has hit the lion population in the Kruger National Park, but says there is no cause for alarm.

Professor D. G. A. Meltzer, who holds the Price Forbes chair in wildlife diseases at Onderstepoort, said about 60 samples had been taken a year ago by British veterinarians, and some even before then.

"Of course 60, some 90 percent tested positive," he said.

"It would appear the lions have built up an immunity to the virus, as the population has not decreased at all."

Kruger Park veterinarian Dr. Cobus Raath confirmed yesterday that 64 percent of lions tested in the reserve for feline "AIDS" were positive.

Dr. Raath said FIV was not uncommon among cats—14 percent of domestic cats tested in South Africa were positive.

The disease is apparently transmitted by bites and scratches but there is no danger of its being passed to humans.

Kruger Park chief warden Dr. Salmon Joubert said FIV had in no way affected lions in the reserve.

"They show no symptoms, they are in top condition and none are dying as a result of the disease," he said.

No signs of the virus have been found in cheetah and leopard tested in the Kruger Park.

Ann van Dyk of the De Wildt cheetah breeding centre said the centre had been tested and found to be free of FIV.

A spokesman for the National Zoological Gardens said FIV tests were done regularly on lions and other carnivores at the zoo.

A parallel study done by British experts revealed no trace of FIV in lions in Etosha.

FIV has been found among British domestic cats and in some zoo lions.

But the discovery of FIV among South African lions has alarmed experts who fear a spread to zoos and wildlife parks in the UK.

## UGANDA

### AIDS Impact in Masaka, Rakai Areas Described

92WE0341A Stockholm DAGENS NYHETER  
in Swedish 24 Feb 92 p 2

[Commentary by Johannes Asman: "Where AIDS Has Become a New Plague"]

[Text] "Slim" or just simply "the virus" is what the Ugandans themselves most often call the disease. If one counts the number of those who have succumbed to illness or death, it does not represent one of the country's worst problems. Nor do the charts showing population increases over the past few decades give the impression of a new plague stalking the land.

And yet AIDS cannot be regarded as anything but a catastrophe for Uganda. Other countries in the region, such as Tanzania, Kenya, Rwanda, Burundi, Zaire, and the Central African Republic are also hard hit. But because of its openness in the AIDS question, Uganda more than any other African country has come to be associated with the disease.

How widespread AIDS has become is uncertain because a representative sampling has not been tested. But according to the most recent estimates, around 1.3 million Ugandans today are likely HIV positive. Among individuals in the sexually active age group, about one in ten is infected.

In certain parts of the country, the infection has reached significantly higher proportions. Masaka and Rakai, southwest of the capital, Kampala, are among the hardest hit regions. The fact that half of the blood donors recruited at the Kitovu Hospital in Masaka were HIV positive, says something about the extent of the disease.

Socially, AIDS hits the society harder than the absolute figures give an indication of. As it is primarily people in

the active age group who are swept away, the whole social structure is undermined. It is estimated that 600,000 children have been orphaned.

School fees and costs for school supplies were already a heavy burden on families. A secondary effect of a diminishing number of adults rearing children is that many cannot afford to give the children even an elementary education.

Is there any hope when the HIV infection has already reached such proportions and there is neither a vaccine nor a cure to be had? Sources of assistance hoped that Uganda's president, Museveni, who had shown such openness in the AIDS matter, would also begin to campaign actively for condoms. But he has not done this.

There are suspicions that Museveni has laid low out of regard for the nation's nearly 50 percent Catholic population. But even he maintains that a campaign for "safe sex" might be taken advantage of by charlatans. Uneducated people could all too easily be led astray. Consequently, fear has been the primary weapon, explained the president: Fear leads to discipline.

The campaigns mounted by the authorities with the support of international assistance organizations, however, have not been built solely upon fear propaganda, but also upon medical and educational information, which is targeted largely at school children.

Condoms, despite the reservations of the president, need also to be a part of assistance efforts. Sold at a subsidized price people can afford, they can over the long run, despite all else, contribute to limiting the spread of the disease. Support for ordinary healthcare and treatment of sexual disease can also diminish the spread of HIV.

There is no remedy for the AIDS catastrophe in sight. But its extent and effects can be contained.

## ZIMBABWE

### Estimates of 10,000 AIDS Victims

MB1904184992B Johannesburg Radio RSA in English  
1500 GMT 18 Apr 92

[Editorial Report] The medical director of the Masvingo Province in Zimbabwe, Dr. Robert Moyi, says he believes that up to 10 percent of Zimbabwe's population of 10 million would test positive for the HIV virus. Dr. Moyi said Masvingo Province recorded more than 1,000 cases of AIDS last year, and of these 15 percent were children. The total number of AIDS victims in Zimbabwe is estimated at more than 10,000. Four thousand new cases were recorded last year.

**Isolation of Human Immunodeficiency Virus (HIV) in Epidemic Area of HIV Infection in Yunnan Province**

54004808A Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 12 No 3 June 1991 pp 129-135

[Article by Shao Yiming [6730 0001 7686], Zeng Yi [2582 3015] et al.; Institute of Virology, Chineses Academy of Preventive Medicine]

[Abstract] Blood was collected from HIV-infected persons in epidemic area of HIV infection in Yunnan province for isolation of HIV. The coculture method was used for cultivating the virus and reverse transcriptase assay (RT) was the main method for detection of HIV. Of 25 seropositive, 24 asymptomatic and one PGL (persistent generalized lymphadenopathy), 10 showed positive RT activity (5,000 cpm/ml with steady increase sometimes to more than 40,000 cpm/ml). The results were confirmed by the detection of HIV1 p24 Ag (ELISA) and HIV1 POL and GAG gene sequence (PCR) polymerase chain reaction. In accordance with the reports from other labs, the viruses isolated from these group of persons infect only PMCs (peripheral Blood Monocytes), grew slowly with gradual increase of RT activity and caused no CPE (cytopathic effect). Efforts are making, at present, to rise the virus titer with better culture system. The amplified gene sequence of the isolates are under investigating.

**Ministry Statistics Show 212 HIV Carriers in 1991**

OW1703092792B Beijing XINHUA in English 0747 GMT 17 Mar 92

[Excerpt] [Passage omitted] The ministry's statistics said there were 212 reported HIV carriers in China in 1991,

of which 177 were residents of China's mainland, and three reported AIDS sufferers, of which one came from the mainland.

**Anti-AIDS 'Disinfectant' on Display at Guangzhou Fair**

HK2304013092 Beijing ZHONGGUO XINWEN SHE in English 1445 GMT 22 Apr 92

[Text] Guangzhou, April 22 (CNS)—A new type of disinfectant capable of killing the AIDS virus and chlamydia of venereal disease has been displayed for the first time at the Guangzhou trade fair and proved to be popular.

The medicine, named "Aileye" was developed with folk recipes and modern scientific methods and is a patented product produced by a Guangdong company. The medicine is the first of its kind and was developed by China using high-tech practice.

The medicine, tested by the Research Institute of Viruses under the China Preventive Medical Science Academy, showed that it can totally wipe out the AIDS virus within two minutes and kill gonococcus, staphylococcus and chlamydia of venereal disease in a minute without side-effects to the human organism. The product has undergone 350 clinical tests conducted by the Guangdong Provincial People's Hospital and the Zhongshan Medical University and has shown good results.

The sterilizing product, which came out last year, has been on sale on a trial basis at home and abroad. It won the "New Excellent Product Award" in Guangdong Province. The medicine has so far been exported to Southeast Asia, Eastern Europe, Africa, Japan and the United States.

## HONG KONG

### Local Executives Support AIDS Tests for Workers

HK2203034592 Hong Kong *SOUTH CHINA DAILY MORNING POST* in English 22 Mar 92 p 3

[Article by Mariana Wan]

[Excerpts] Most Hong Kong executives support AIDS tests for workers but medical experts warn this may lead to discrimination in the workplace.

A survey on how Hong Kong companies react to the AIDS epidemic found more than 80 percent of responding executives did not object to the use of antibody tests on AIDS either before or after employment.

Only 10 percent said they objected to testing job-seekers for AIDS, while six percent said they objected to testing their own employees.

The head of the Department of Health's special AIDS preventive unit, Dr. Lee Shui-shan, said he did not support the idea because it could lead to discrimination.

"It is not good to divide workers into HIV-infected ones, and non HIV-infected, especially when infected people are still physically and mentally fit for carrying out normal duties in the incubation period," Dr. Lee said.

Dr. Patrick Li, of the Hong Kong AIDS foundation, described such tests as a "costly exercise", and said they yielded little results.

"Since the workers are in the sexually active age range, there can be no guarantee that they will not acquire the infection following a negative test if they have not been educated about the method of preventing AIDS," he said. [passage omitted]

The survey conducted by the Institute of Personnel Management found about 80 percent of the responding companies did not have a policy or guidelines on AIDS.

The lack of an AIDS strategy has prompted Legislative Councillor Mr. Stephen Cheong Kam-chuen to join experts' call for more employer participation in helping to curb the spread of the epidemic.

Speaking at a seminar on AIDS and the workplace, Mr. Cheong said since many companies in Hong Kong had medical benefit schemes, it made "dollar sense" to educate people in an attempt to prevent the disease from spreading rather than deal with the "huge chronic care costs later".

His message came as Dr. Li revealed there was least one HIV carrier in every 1,000 workers.

"Major corporations can expect to find a few HIV-infected persons among their staff," he said.

He warned the number of HIV infections could be in the range of 5,000 to 6,000, with expectations it would increase five to 10 fold by the end of the century if an effective AIDS prevention programme was not implemented.

There are 268 HIV positive cases in Hong Kong, with 61 of them having developed full blown AIDS.

Hong Kong has a workforce of about 2.8 million, of which 64 percent are men.

## JAPAN

### Survey Reveals Few Individual Precautions Against AIDS

OW1103015692 Tokyo *KYODO* in English 2309 GMT 10 Mar 92

[Text] Tokyo, March 11 KYODO—Japanese men and women are not taking measures to protect themselves from AIDS even though many report having sex with more than one partner, a government survey said Wednesday.

The use of condoms remains low among Japanese, according to the survey by the Health and Welfare Ministry and the World Health Organization, leading specialists to warn that Japanese still see AIDS as a "foreigners' disease" that "has nothing to do with me."

Results of the survey will be announced at an international workshop on the epidemiology and management of AIDS, to open in Tokyo on Wednesday.

"The results of this survey are frightening—I had no idea there were so many people in danger of being infected with AIDS," said Tsukuba University hygiene Professor Tsunetsugu Munakata, who helped conduct the study. "As soon as possible, it is necessary to develop a national campaign for the prevention of AIDS."

Munakata and Kazuo Tajima, head of the epidemiology department at the Aichi Cancer Center, sent questionnaires to 10,000 people between the ages of 20 and 64 in Tokyo, Sapporo, Nagoya, Osaka, and Fukuoka, of whom 3,135 returned completed surveys.

In the past year 346 respondents, or 13.3 percent of those with a spouse or single specific partner, reported sexual liaisons outside the relationship—with an average of 2.4 partners.

One in five male respondents reported having sex outside a monogamous relationship, while among women the rate was one in 12.5.

In the past month, 37 percent of those respondents averaged affairs with 1.5 people outside of their specified relationship.

Of those who have outside sexual relations, only one in four reported using condoms all the time, while the rest

took no precautions against becoming infected with AIDS or other sex-related diseases.

Of all respondents, 225, or 7.2 percent, said they had contracted some form of venereal disease in the past, with nearly half reporting gonorrhea, followed by inflammation of the urethra, chlamydia, and syphilis.

Twenty-eight people said they used cocaine or other illicit drugs, and about half of those said they used syringes.

Unprotected sex and intravenous drug use are said by experts to be major ways the AIDS infection is transmitted.

Excluding people infected through blood transfusions, 238 Japanese have been confirmed as having AIDS or the virus that causes it in the past year, according to government figures. But AIDS support groups claim the official statistics drastically underestimate the problem.

Since the first case of AIDS was confirmed in Japan in 1985, 553 cases have been identified.

### New AIDS Information Campaign To Be Launched

*OW1903091492 Tokyo KYODO in English 0606 GMT 19 Mar 92*

[Text] Tokyo, March 19 KYODO—The government announced plans Thursday for a renewed public information campaign to promote awareness of AIDS in a bid to stem the stepped-up spread of the incurable disease.

The campaign will focus on the increasing spread of the disease through heterosexual contact, and will also warn Japanese of the alleged dangers of sexual contact with foreign nationals.

The cabinet committee on AIDS countermeasures also agreed to improve medical facilities and counseling for people infected with the human immunodeficiency virus (HIV) that causes AIDS, in anticipation of an increase in the number of virus carriers.

The committee, headed by Health and Welfare Minister Tokuo Yamashita, met for the first time in five years to partially revise AIDS countermeasures drawn up in 1987.

Last year 145 of the 238 new cases of HIV infections occurred via sexual contact were foreign nationals, up from 15 cases in 1987.

In 1991 the number of cases of HIV infection spread by heterosexual contact quadrupled from the previous year to 123.

The total number of new infections was up 2.5 percent from the previous year.

The real figures may be much higher, however, because many cases are believed to be not reported.

"In general, there is a tendency for people not to regard AIDS as something that could affect them. We want the average person to have correct information," said Tatsuro Fujihira, who is in charge of AIDS policy at the Ministry of Health and Welfare.

Fujihira cited transmission of the disease during sexual encounters between Japanese and foreigners, as well as increasing rate of infection by heterosexual contact as sources of concern, and said information will be targeted in particular at Japanese who travel abroad, and foreigners in Japan.

Medical experts called on the government to launch a national campaign earlier this month after a survey showed that only one in four respondents who had had sexual relations with multiple partners reported using condoms, the only known way to prevent the spread of the virus during sexual intercourse.

There are no government projections on the future spread of the disease, Fujihira said, but the government wants the medical establishment to be prepared for expected increase in number of infections.

Among the countermeasures agreed to were wider availability of AIDS detection tests, greater access to trained counselors, and assurance that AIDS patients receive adequate care.

Last year 50 medical professionals received special training to counsel people infected with HIV, Fujihira said.

There have been scattered media reports on reluctance by some medical establishments to handle AIDS-related cases. The government, however, has not conducted any independent investigations, Fujihira said.

Since the first HIV infection in Japan was reported in 1985, a total of 2,408 cases have been reported to authorities, including 453 who had contracted full-blown AIDS.

### SOUTH KOREA

#### Ministry Seeks To Deport HIV Positive Nepalese Worker

*SK1903002592 Seoul THE KOREA HERALD in English 19 Mar 92 p 3*

[From the "News Briefs" column]

[Text] A 21-year-old Nepalese man tested positive for the HIV virus which causes AIDS and the ministry of Health and Social Affairs has asked the related authorities to deport him, a ministry spokesman said yesterday.

In a recent serum test for illegal foreign workers in the country, the unidentified man was found to be infected with the virus, but he had no sexual contacts with locals, the spokesman said.

The Nepalese entered the country on a tourist visa in January and had worked illegally for a local firm.

The finding brings the number of foreigners found infected with the deadly disease in the country to 12; 11 have been deported, he said.

#### Four New AIDS Cases Identified in Mar

SK3103101092 Seoul YONHAP in English 0808 GMT  
31 Mar 92

[Text] Seoul, March 31 (YONHAP)—Four people tested positive for the virus that cause AIDS in March, bringing the total number of HIV-infected Koreans to 169, the Health and Social Affairs Ministry said Tuesday.

A man in his 20s contracted the virus that causes the deadly Acquired Immune Deficiency Syndrome [AIDS] through random sexual contacts overseas and a homosexual in his mid-20s contracted AIDS through high-risk sex in Korea, a ministry spokesman said.

A 28-year-old housewife was infected by her husband, who tested positive for the AIDS virus in February this year, the spokesman said.

The cause of the fourth infection, of a college student, was still being traced, he said.

Fifteen of the 185 Koreans infected with AIDS have died, one has emigrated and 169 are under government observation.

#### MALAYSIA

#### Minister Reveals 33 AIDS Deaths, 2,900 HIV Cases

BK2103093892 Kuala Lumpur BERNAMA in English  
0849 GMT 21 Mar 92

[Text] Penang, March 21 (OANA-BERNAMA)—Health Minister Lee Kim Sai said Saturday that of the 46 people in the country infected with AIDS, 33 have already died.

The number of deaths from AIDS was 32 in mid-January, he added.

He told reporters here AIDS patients often succumbed to other diseases brought on by their weakened immune systems such as pneumonia and throat infections.

He said the number of the carriers of the AIDS virus (HIV) in the country was now 2,900 compared to 2,744 in January.

#### PHILIPPINES

##### Health Secretary: AIDS Testing To Be Stepped Up

HK1603073292 Hong Kong AFP in English 0721 GMT  
16 March 92

[Text] Manila, March 16 (AFP)—The AIDS epidemic in Thailand must not be replicated in the Philippines, Health Secretary Antonio Periquet said Monday as authorities stepped up testing to assess the magnitude of the problem.

Periquet said a 2.5 million peso (100,000 dollars) program will shortly "broaden the coverage" of AIDS testing in the Philippines "in order to have a more accurate information about the real extent of AIDS in this country."

Periquet said they have previously tested the so-called high-risk group of sex workers, but added overseas contract workers, intravenous drug users and homosexuals will be included in the tests to begin in June.

Manuel Dayrit, another health department official told a press conference, they plan to conduct random blood testings in 50 sites nationwide, and that "within the year, we would be able to tell you more specifically how big the problem is."

AIDS, or Acquired Immune Deficiency Syndrome, is a disease that breaks down the body's immune system, making it susceptible to ordinary infections.

Periquet said some 306 people are known to be infected with the AIDS virus in the Philippines, and that 62 full-blown AIDS cases have been documented. He added that actual AIDS cases could be higher.

He said the Philippines must not replicate the experience of Thailand which originally thought the number of AIDS infection was "inconsequential," adding that when a survey was conducted, the figure topped 300,000.

"It was not really an explosion (in Thailand) in the sense of suddenly 300,000," Periquet said. "They were there all the time, they just didn't know."

"We don't want that situation occurring here," Periquet added.

Asked if it was possible that the number of AIDS cases could be similar to Thailand after the nationwide testing, Periquet said: "It is hard to answer that categorically, but it may be not unlikely."

Dayrit said "it's possible that it may be like in Thailand but we hope it is not. But until we do this surveillance, we cannot really give you the real picture."

Dayrit added the Philippines has fewer "commercial sex workers" and intravenous drug users compared to Thailand, although it has more overseas contract workers who are believed to be major transmitters of the AIDS virus.

## THAILAND

### Epidemiologist Notes AIDS Figures, Risk Groups

*92WE0246D Bangkok BAN MUANG in Thai 9 Dec 91 p 16*

[Excerpt] A report from the Epidemiology Division, Ministry of Public Health, summarized the AIDS situation today. The report stated that another 11 people have contracted full-blown cases of AIDS, bringing the total to 190—170 men and 20 women. Of these, 87 are still alive.

Most of these people, that is, 147, contracted the disease from sexual relations. Of these, 21 are homosexual men, 101 are heterosexual men, 13 are bisexual men, and 12 are heterosexual women. Twenty-nine are intravenous drug users, three had had blood transfusions, 10 received the virus from their mothers, and in one case, the cause is unknown.

As for those with AIDS-related symptoms, there has been a report that the number has increased from 20 to 489—409 men and 80 women. Of these, 439 are still alive. Most, 329, contracted the disease from sexual relations. This is followed by intravenous drug users, 132 cases; those who received blood transfusions, four cases; and those who contracted the disease from their mothers, six cases. In 18 cases, the cause is unknown.

Besides this, The Epidemiology Division stated that with respect to those who have contracted the AIDS virus but who do not yet show any symptoms, even though some cases have not been reported to the Ministry of Public Health because they have not yet been tested, it is believed that approximately 134,500-247,000 people have the AIDS virus.

### Songkhla Clamps Down on AIDS Reporting

*92WE0284A Bangkok DAO SIAM in Thai 21 Dec 91 pp 11, 12*

[Excerpt] [passage omitted] The number of tourists going to Songkhla Province has declined greatly because of the reports issued by neighboring countries stating that AIDS is rampant in Hat Yai. These reports have cited the statements made by certain people even though the truth is quite different. Also, Malaysia has implemented very strict measures prohibiting government officials, politicians, and other people from visiting Thailand. This is another reason why tourism in Songkhla is so depressed.

Second Lieutenant Pokkhrong Chindaphon, the governor of Songkhla Province, said that in order to solve this problem, Songkhla Province sent public and private

officials to meet with officials at the Thai consulate in Penang in order to explain the facts. They also took that opportunity to meet with the Malaysian mass media. In Thailand, particularly in Hat Yai, additional steps have been taken to ensure the safety of tourists. Besides this, an order has been issued prohibiting unauthorized people from issuing statements about AIDS. This power will be given to only four people: the Songkhla provincial governor, the two deputy governors of Songkhla Province, and the Songkhla provincial public health officer. The purpose of this is to prevent damage to Songkhla's image as a tourist spot.

### Nakhon Pathom HIV Cases Profiled

*92WE0246F Bangkok DAILY NEWS in Thai 1 Jan 92 p 20*

[Text] Dr. Chanchai Limprasoetsiri, an expert in preventive medicine with the Nakhon Pathom provincial public health office, said that during the period December 1989 to June 1991, the group that is studying and monitoring the AIDS situation in Nakhon Pathom Province found that the number of HIV cases in the province increased very rapidly. Surveys have shown that the number of women ages 15-24 who have the virus outnumber men by a ratio of three to one. But among those over the age of 24, more men than women have the virus. As for the number of prostitutes who have the virus, in December 1989, it was found that about 19 percent had the virus. But by June 1991, the percentage of prostitutes with the virus had increased to 57.5 percent, which is a very alarming figure.

Based on the calculations made by these academics, it is very likely that the percentage of prostitutes with the AIDS virus will increase to 70 percent. This is because men like to use their services and prefer not to use a condom. As for the number of people with full-blown cases of AIDS, Dr. Chanchai said that there are now 29 cases in Nakhon Pathom Province. One has died from the disease, and two have died from other causes. Twenty have returned to their native homes, which leaves only six in Nakhon Pathom Province. There are 1,201 people who are in the initial stage of the disease. Of these 393 have returned to their native homes, leaving 808 in the province. Within the next five years, these people will probably have full-blown AIDS.

All of these people are under the care of Nakhon Pathom provincial public health officials and health officials in the other provinces to which these people have moved. Most of these people contracted the disease from engaging in sexual relations without using a condom and from taking drugs intravenously. These academics feel that unless resolute steps are taken to control and prevent the spread of AIDS in Nakhon Pathom Province, within 10 years, more than 100,000 people here could have this disease.

**Health Official: Addicts Stop Sharing Needles**  
*92WE0246C Bangkok MATICHON in Thai 6 Jan 92 p 9*

[Article by Dr. Suphak Wanichaseni, deputy director of the Bangkok Health Department]

[Excerpts] This year should be the year that the spread of AIDS begins to decline in Thailand. Otherwise, by the year 2000, 4 million Thais will have this disease. This will be the case unless those who engage in risky types of behavior change the way they act.

Actually, some of those who used to engage in risky types of behavior have changed the way they act. For example, more and more men who have sex with prostitutes or with other women besides their wives are using condoms each time they have sex. Up to 90 percent of those who used to share needles when injecting narcotics now use their own needle. And about half of those who used to inject drugs have stopped injecting drugs (they have stopped using needles). [passage omitted]

As of last year, about 200-400,000 Thais had the virus. Most of these are men who use the services of prostitutes. The number of AIDS victims is increasing daily. Among men who visit prostitutes, the number is increasing at a rate of about 300 people a day. [passage omitted]

Those most at risk today are those who have sex with prostitutes. [Passage omitted]

A recent study has provided useful data that people should be aware of. That is, from monitoring drug addicts from before they contracted the AIDS virus and examining their symptoms, it has been found that those who have continued to use drugs have more symptoms than those who have stopped using drugs. Those who consume alcohol show symptoms. For example, their lymph glands are clearly larger than those of people who don't drink.

Among non-smokers who have been monitored for one to four years since contracting the virus, no symptoms have been found. On the average, among drug addicts, symptoms usually begin to appear 19-24 months after contracting the virus.

Thus, if drug addicts stop taking drugs, the onset of the disease will be delayed, and they will be able to carry on a normal life for a long time. These data were obtained from a study of 152 people. In the past, some people did not really believe the warnings about AIDS. They thought that this was just an attempt to get them to stop taking drugs. But these studies provide factual data on this disease. [passage omitted]

**Udon Thani Province AIDS Statistics Cited**  
*92WE0246G Bangkok NAEON NA in Thai 8 Jan 92 p 20*

[Excerpt] A NAEON NA reporter in Udon Thani Province reported that on 7 January at the auditorium of the

Udon Thani Red Cross, Mr. Thawat Phothisunthon, the governor of Udon Thani Province, chaired a meeting of the AIDS Prevention and Control Board. Also attending the meeting were district public health officials, police and military officials, and hospital personnel.

Citing data provided by provincial public health officials, the provincial governor said that based on the biannual surveys on the AIDS situation in the province, it has been found that in the groups that are at risk of contracting AIDS, which includes prostitutes, the number of AIDS cases is increasing at an alarming rate. In December 1989, the percentage with AIDS was only 5.8 percent. But by the end of December 1991, the percentage had increased to 30.4 percent. That is, the percentage has increased five times in just two years. In Udon Thani Province, there are now 393 people with full-blown cases of AIDS. Of these, 190 are men, and 203 are women.

"The alarming problem is that based on surveys conducted among men who have come to be examined for a venereal disease, it has been learned that only 26.6 percent use a condom. This shows that the risk of contracting AIDS through sexual intercourse is very high. [passage omitted]

**Chiang Rai AIDS Cases Discussed**

*92WE0277C Bangkok NAEON NA in Thai 13 Jan 92 pp 11, 15*

[Text] Dr. Suphachai Saison, the Chiang Rai provincial public health officer, talked with NAEON NA about the AIDS situation. He said that this disease has now spread to people in every occupational group in both the plains and the highlands. The districts with the highest incidence of AIDS are Muang, Mae Sai, and Mae Chan districts in that order. AIDS is most prevalent among prostitutes. There are a large number of prostitutes here. Some are from the province and some are from neighboring countries. And some have worked as prostitutes abroad.

Today, there are approximately 30,000 people with the AIDS virus. Eight people have died. There are 18 patients with full-blown cases of AIDS at the Chiang Rai Public Hospital and the Mae Wan Hospital. A total of 175 newborn infants received the virus from their mothers. More than 10 of these infants were left abandoned at the provincial hospital. The number of people contracting the virus is increasing. This is because the number of men who visit prostitutes hasn't declined, and there are a large number of prostitutes.

"The AIDS situation in Chiang Rai Province is very worrisome. I would like to warn men to take precautions to protect themselves by using a condom. This year,

there will be a program to get all men who engage in sex with prostitutes to use condoms. Last year, only 65 percent did so," said Dr. Suphachai. He added that the province has changed the AIDS examination system. That is, there are now clinics where people can be checked without revealing their identity. Because in the past, those who were checked openly and later found to have the disease were often rejected by their families and neighbors.

### **Minister Michai Discusses AIDS, Blood Supply**

*92WE0284B Bangkok DAILY NEWS in Thai  
31 Jan 92 p 3*

[Excerpt] Mr. Michai Wirawaithaya, the minister attached to the Office of the Prime Minister, gave a talk of "AIDS Around the University" at the auditorium of Kasetsat University at the 30th technical conference on 30 January. He said that the number of Thais with AIDS in 1991 would fill four Sanam Luangs. Today, AIDS is being spread mostly by prostitutes. The highest incidence is in Chiang Rai Province. In 1987, there were no reported cases there. But by 1990, 64 percent [of the prostitutes] had the virus. As for the statistics for the various grades of prostitutes, among those who charge 30-50 baht, the AIDS rate is 72 percent. Among those who charge 51-100 baht, the rate is 30 percent, and among those who charge more than 100 baht, the rate is 16 percent. Seventy-five percent of the men who visit prostitutes have intercourse with those who charge 30-50 baht, and 83 percent of these people have subsequently been found to have the AIDS virus.

Mr. Michai said that statistics show that 40 percent of the military recruits use a condom when having intercourse, 54 percent had their first sexual experience between the ages of 13 and 16, 73 percent had their first sexual experience with a prostitute, and 97 percent had had sexual intercourse with a prostitute. In the northern region, seven percent of the military recruits have the AIDS virus. In particular, in Chiang Mai and Chiang Rai Provinces, the rate of infection is 14 percent. As for the AIDS infection rate in the northern region, it has been found that 50 to 75 percent of the intravenous drug users, 45 to 55 percent of the prostitutes, 20 to 25 percent of the homosexuals, five to eight percent of the blood donors, and three to five percent of the pregnant women have the AIDS virus.

However, 50 people from various government units recently donated blood. After examining their blood, the AIDS virus was found in 10 of the samples, which means that 20 percent of these people have the AIDS virus. [passage omitted]

### **AIDS Drug High Cost; Latest Statistics**

*92P30078 Bangkok NAEON in Thai 10 Feb 92 p 2*

[Excerpt] Dr. Surin Phinitphong, the director general of the Communicable Disease Department of the Ministry of Public Health reported that in Fiscal year 1993, the

Ministry has been allocated 36 million baht to purchase AZT to be used in the treatment of AIDS and ARC victims. The objective is to be able to treat 350 patients this year. The drug is now being purchased for distribution to hospitals treating AIDS patients.

According to Dr. Surin, the guidelines for providing this drug to patients free of charge is that they be low-income people or have unwittingly contracted AIDS, i.e. been accident victims or have contracted the disease through a person who committed a crime such as rape. It would also apply to children infected through a mother who got it from her husband.

Dr. Surin said that AZT is very expensive: 50 baht per pill. Since a patient must take 12 pills daily, that comes to 600 baht per patient.

At this time, Thailand has 198 full-blown AIDS cases, 539 ARC cases, and 343,822 patients who are symptom-free. [Passage omitted]

### **Burma Giving AIDS Victims Cyanide Shots**

*BK0204012092 Bangkok THE NATION in English  
2 Apr 92 p A2*

[Text] Reports that Burmese girls infected with AIDS were being injected with cyanide to stop the spread of the virus in Burma has prompted Thai police to stop deporting any girls caught working as prostitutes in brothels in Thailand.

Crime Suppression Division [CSD] Deputy Commander Pol Bancha Charucharit said the decision not to deport any more Burmese women was made after he learned of the fate of 25 of them recently sent back to Burma.

Bancha said the CSD last June rescued 25 Burmese women, aged 18 to 35, from a brothel in Ranong province after a complaint was lodged by a Thai Burmese, Anong Dumklang.

Anong said two of his Burmese cousins, identified only as Nunu and Mama, went missing when they crossed the border into Thailand to buy some items. He said after seeking help from Thai police they were found among 25 women rescued from the Ranong brothel.

Bancha, who leads an anti-prostitution centre under the Police Department, said all the women were found to be infected with Human Immunodeficiency Virus (HIV).

After all the HIV-infected women were deported to Burma, he learned that they were missing from their villages. Later, he was told that they had been injected with cyanide to prevent them from spreading the virus.

But he could not say who gave them the injections and did not know whether the girls had died.

Because of this incident, Bancha said no other Burmese girls released from brothels would be deported.

The anti-prostitution centre had recently rescued 147 girls from three brothels in Bangkok and found that 76 had AIDS. The rest had other sexually transmitted diseases.

The fate of the Burmese girls drew the attention of a reporter from a British newspaper, the DAILY TELEGRAPH. Bancha said the reporter had visited him to get more information on the incident.

The reporter told him that he had heard about the incident from a speaker at a seminar in Thailand, but further details were not available.

## VIETNAM

### Fifty-Seven People Test HIV Positive in 1991

*BK1504075792 Hanoi VNA in English 0631 GMT  
15 Apr 92*

[Text] Hanoi VNA April 15—In 1991, among the 97,812 blood samples taken of high-risk groups in Vietnam, 57 were proved to be HIV seropositive.

Of these 57 cases, one was Vietnamese, 53 were Thai fishermen, two were an American and an Australian of Vietnamese origin, and one Taiwanese.

According to the national anti-AIDS committee of Vietnam, many Vietnamese may have been infected with HIV, but due to the lack of medical equipment, blood tests are not made en masse, so the exact number of HIV-affected people is not yet known.

The Ministry of Public Health has organized a meeting with concerned branches and institutes to work out an anti-AIDS plan for 1992.

A course on project 03-AIDS has been held in the southern province of Hau Giang.

The course funded by the World Health Organization (WHO) was attended by about 40 medical workers from the provinces of Hau Giang, Dong Thap, An Giang, Kien Giang, Cuu Long and Minh Hai.

## ALBANIA

**HIV Testing Fails To Show Any Carriers**

*AU2503181792 Tirana BASHKIMI in Albanian  
5 Mar 92 p 3*

[Interview with Ylli Savolli, deputy chairman of the National AIDS Prevention Committee, by an unidentified reporter; place and date not given: "Is There AIDS in Albania?"]

[Text] **Reporter:** The "news" that cases of AIDS have been identified in Albania has been circulating among the public for a long time. What is the truth about this problem?

**Savolli:** The data available to us show that none of the persons so far tested are seropositive, i.e. carriers of the AIDS virus. About 8,000 persons in high-risk groups have been tested since 1988, when the AIDS Diagnosis Laboratory was opened in the Institute of Hygiene and the seroepidemiological study of the disease began. However, this data does not mean that AIDS does not exist among us. The small number of persons tested, the shortage of test kits, the still inadequate resources we possess to combat and prevent this disease, and the increasing number of people at risk of infection all diminish the value of our data. Bearing this in mind, the Health Ministry's National AIDS Prevention Committee assessed the situation at its most recent meeting and concluded that our country is faced with an immediate danger of the introduction of AIDS, and that it has perhaps already arrived. For this reason, the identification of a case through testing would be a desirable thing, to sensitize the public.

**Reporter:** What experience do we have in the struggle to prevent the virus from spreading?

**Savolli:** The first specialists trained for short periods, mainly in Paris, between 1984 and 1987. The National AIDS Prevention Committee was formed in 1987 and drafted the first program to combat the disease. The AIDS Diagnosis Laboratory was opened in 1988. A second program for 1989-1990 was drafted in 1989. The WHO provided more than \$150,000 for these two programs, for the creation of the laboratory in the Institute of Hygiene, for short training courses for specialists, and for equipment, teaching materials, etc. A medium-term program for 1990-1993 has also been drawn up and will be carried out also with the help of the WHO. The WHO will support the program to the tune of about \$800,000.

**Reporter:** Do you think this program will immunize our country against the danger of AIDS?

**Savolli:** I think that carrying out this program will make it possible to create the necessary network and facilities to cope with all the problems the disease poses. However, AIDS is a disease with a social dimension, and it is related to people's education, life-style, morality, etc.

## CZECHOSLOVAKIA

**AIDS, HIV Statistics Reported**

*AU0704103792 Prague RUDE PRAVO in Czech  
2 Apr 92 p 4*

[("PER")-signed report: "Twenty-three AIDS Cases"]

[Text] Prague—According to the Czech Health Ministry, on 1 March there were 23 AIDS cases in the Czech Republic and 174 individuals who tested HIV positive. Of the AIDS victims, 22 were Czechs and one a foreigner. A total of 15 Czechoslovak citizens have died of AIDS. Of those who tested HIV positive, 98 are citizens and 76 foreigners. This malignant disease is spread mostly in Prague, where 15 AIDS victims and 66-HIV positive cases are registered.

Apart from the foreigners, 120 Czechoslovak citizens are infected. Of them, 112 are men and eight are women. The age of the victims is disquieting. In seven cases, children under 14 were infected, and another seven individuals fall between 15 and 19. The largest number of infected people, a total of 38, are in the 20 to 29 year-old age group, and 30 people aged 30 to 39 are infected. A total of 16 people are between 40 and 50, and another 13 people are older than 50.

As of 1 March, doctors in the Czech Republic had conducted 2.5 million HIV checkups. The largest number of medical tests has been conducted on blood donors—almost 1.9 million.

## HUNGARY

**AIDS Foundation Short of Funds, Facing Possible Epidemic**

*LD1704135892 Budapest MTI in English 0900 GMT  
17 Apr 92*

[Text] Budapest, April 17 (MTI)—By the end of 1991, forty-four Hungarians died in AIDS [as received]. The number of AIDS victims has increased to 54 by now, and may soon reach 70 as several patients are in a crucial stage, Eszter Legrady, executive manager of the Hungarian AIDS Foundation, told Friday's 'MAGYAR NEMZET'.

It can be calculated from the known HIV cases (302) with an internationally recognized method that there are at least 3,000 HIV infects in the country. Some experts, however, put their number at 7,000-15,000, she said.

Unfortunately, the foundation has run short of funds and failed to receive further donations. As a consequence, it is unable to finance information campaigns that are considered the most efficient form of prevention, the executive manager said.

Information would be badly needed since a growing number of women are infected through heterosexual intercourse. In other words, the epidemic is no longer limited to the groups at risk, Legrady said.

**YUGOSLAVIA**

**Commission Preparing AIDS Measures Before  
UN Troops Arrive**

*LD1904150292 Belgrade TANJUG in English  
1543 GMT 18 Apr 92*

[Text] Belgrade, April 18 (TANJUG)—The Yugoslav commission for protection against AIDS announced on

Saturday that it would establish cooperation with the health service of the United Nations peace-keeping force for Yugoslavia (UNPROFOR) for joint preventive measures. As explained at the session, the reason for this is the arrival of around 14,000 Blue Helmets.

Experts have announced that the Yugoslav AIDS prevention program will be adjusted to the new stands of the World Health Organization.

**REGIONAL AFFAIRS****AIDS Campaign Proves 'Remarkably Successful'**

*FL0104150992 Bridgetown CANA in English  
1915 GMT 31 Mar 92*

[Text] Bridgetown, Barbados, March 31, CANA—A three-month campaign designed to combat the spread of Human Immune Deficiency Virus (HIV) infection and the Acquired Immune Deficiency Syndrome (AIDS) among teenagers in the Eastern Caribbean was remarkably successful in increasing perceived seriousness and public discussion of the disease and its prevention, according to a study released here Tuesday by the Caribbean Epidemiology Centre (Carec).

According to the study, 76 percent of the population was able to recall the radio ads used in the campaign—a recall level which Ms. Claudette Francis, project co-ordinator, characterised as "extraordinary."

"The HIV/AIDS behaviour change effort was the first phase of an ongoing public health campaign being undertaken by Carec in conjunction with the Ministries of Health in St. Vincent and the Grenadines, St. Lucia, and Grenada, as well as the CARIBBEAN NEWS AGENCY (CANA)," Carec said in a statement.

"The first phase, which took place between September and December 1991, involved the broadcast of three 60-second radio ads aimed at Eastern Caribbean parents and their teenage children."

Ms. Francis said, "the focus of our effort was to get parents and teenagers to talk about sexual responsibility and protection—frankly, directly, and honestly. If parents believed their children were sexually active, our campaign encouraged the parents to urge their teenagers to protect themselves from HIV infection and AIDS. A primary way to do this is by using condoms."

Carec developed the HIV/AIDS prevention effort in response to research conducted last year which found that, by age 20, more than 75 percent of Eastern Caribbean teenagers had become sexually active. This study found that many of these teens were at risk of contracting HIV, AIDS and other sexually transmitted diseases and were at equal risk of unplanned pregnancies, Carec reported.

The research found that, although many parents did not approve of sexual activity among teenagers, they did want their children to use protection such as condoms if they were sexually active. The research also found that, while parents wanted their children to use protection,

most seldom, if ever, discussed the issue of sexual responsibility with their offsprings.

"Parents and teenagers must talk about these things, even though it may be a difficult thing to do," said Ms. Francis.

Appealing directly to Eastern Caribbean parents, she said, "You've protected them all their lives. You can't stop now. If you haven't discussed sexual responsibility with your teenagers, do so today."

In the latest survey, Carec found that 100 percent of the Eastern Caribbean adults and teenagers polled were aware of HIV and AIDS; and 70 percent felt HIV infection and AIDS were the most serious health problems facing the region. More than 75 percent of the people polled were able to recall the radio campaign. Most of those who did recall it said they appreciated the advice offered to parents and teens in the ads. When asked to describe the message of the AIDS prevention ads, the majority of people (80 percent) said the ads advised people to "use a condom and practise safe sex."

According to Ms. Francis, Carec, the Ministries of Health in the region and the Caribbean Family Planning Affiliation (CFPA), are currently meeting with public officials and religious leaders to plan the next phase of the campaign. These campaigns to reduce the spread of HIV and AIDS are being conducted in conjunction with the AIDS COM [expansion unknown] project with funding from the regional Barbados-based office of the U.S. Agency for International Development.

**HAITI****Statistics Reflect Possible 14,000 AIDS Cases**

*FL0104170692 Port-au-Prince Radio Soleil Network in Creole 1930 GMT 31 March 92*

[Text] According to the National Bureau Against AIDS Struggle, AIDS is continuing to spread in Haiti. According to the bureau, there are 10,000 to 14,000 people infected with AIDS which is contrary to the World Health Organization report of 4,000 cases.

**HONDURAS****Over 100 Additional AIDS Cases**

*92WE0345A San Pedro Sula TIEMPO in Spanish  
3 Mar 92 p 9*

[Text] Tegucigalpa—Yesterday, the technical assistant for the National AIDS Control Program, Cesar Nunez, reported that there are 102 additional cases of AIDS.

This brings the total number of persons stricken by this disease to 1,709 on the national level.

Nunez reported that the cases originate in Health Region No. 3, including San Pedro Sula, Puerto Cortes, and other towns; as well as in Health Region No. 5, covering the western part of the country.

Nunez claimed that this number of cases involving AIDS patients is the one being received on a regular basis.

The official noted that there are 50 cases of individuals carrying the virus who have not yet developed the disease, or who are classified in the category of AIDS-associated complex.

Nunez indicated that he could not provide exact data on the cases, because the information is still being processed. However, he claimed that, from what he recalled about the report, there are nursing infants among those stricken with this disease.

## REGIONAL AFFAIRS

### Regional AIDS Conference: Statistics Reported

92WE0301A Rabat *L'OPINION* in French  
16 Feb 92, p 3

[Article by MAP: "Each of Three Maghrebian Countries Reports 100 AIDS Cases"]

[Text] Close to a hundred AIDS cases have been reported in each of three Maghrebian countries—Algeria (92), Morocco (98), and Tunisia (105), according to speakers at the First Maghrebian Regional Conference of Associations for the Struggle Against AIDS that opened on Friday in Casablanca.

In Morocco, the Sexually Transmitted and Dermatological Diseases Service of the Directorate of Epidemiology and Health Programs (Ministry of Public Health) reported 226 HIV cases as of 31 December 1991. These cases were divided into the following categories: 98 cases of AIDS, 27 cases of AIDS-related syndrome, and 101 asymptomatic carriers of the virus.

Of the 98 AIDS cases, 44 (or 45 percent) were between the ages of 30 and 39. The average age of the AIDS victims was 33.6. Out of 98 cases, 85 were male and 13 female. Seventeen were foreigners.

The predominant mode of transmission was sexual: In 38 cases (or 36.7 percent) the disease was acquired through heterosexual contact, in 17 cases (17.4 percent) through intravenous drug use, in 13 cases (13.3 percent) through homosexual contact and in nine cases (9.2 percent) via parenteral transmission (blood/blood products).

In Algeria, 45 of the 92 AIDS victims were infected overseas. Here again, the majority of victims were men: 69 males versus 23 females. The group most affected (both sexes included) was between ages 20 and 39. This was the age group of 64 of the cases (54 men and 10 women).

The most common mode of infection was drug abuse (27 cases, of which 22 were contracted abroad), followed by blood transfusion (22 cases, of which 13 were contracted abroad) and heterosexual contact (seven cases, of which only two were contracted abroad).

In Tunisia, where 14 of the victims were foreign nationals, the principal mode of transmission was intravenous drug abuse (found only among Tunisian emigres), while heterosexual contact is on its way to becoming the almost exclusive mode of transmission among autochthonous Tunisians.

All the victims were infected with the HIV-1 virus, and an average of 50 cases have been diagnosed each year. Transmission via blood transfusion has virtually ceased since 1987, when the practice of screening all blood donors for HIV was instituted.

This 13-14 February regional conference organized by the Moroccan Association for the Struggle Against AIDS (ALCS) has brought together representatives of the ALCS associations of Morocco, Algeria, and Tunisia. The conference was held under the auspices of the World Health Organization (WHO), in collaboration with the National Struggle Against AIDS program and Enda-Maghreb.

On the agenda for the two-day conference were such subjects as "prevention of HIV infection," "role of the NGO's [nongovernmental organizations]," "prevention of HIV infection in the Maghreb," "current situation and future prospects," and "AIDS and sexual transmission: prevention and public awareness strategies."

## ALGERIA

### Paper Cites AIDS Statistics for Western Algeria

LD1603144292 Rabat MAP in English 1240 GMT  
16 Mar 92

[Text] Oran, March 16 (MAP)—Forty-two cases of AIDS out of which 15 in the wilaya (prefecture) of Oran were recorded in 1991 in western Algeria, reported Sunday AL-JUMHURIYAH daily.

Quoting Dr. Messaud Nasser, founder member of the Association of Assistance and Struggle Against AIDS, the daily said most AIDS affected people had lived abroad. They contracted the disease either through infected syringes or through sexual intercourse.

AIDS affected children contracted the disease by blood transfusions, the daily said adding that 92 AIDS cases were numbered throughout Algeria.

## INDIA

### AIDS Rise in Manipur Said Related to Addiction

92WE0369A Calcutta *THE TELEGRAPH* in English  
30 Jan 92 p 4

[Text] Guwahati, 29 January—AIDS has assumed epidemic proportions and will infect about five million people in India by the year 2,000 unless effective measures are taken soon, says a report prepared by the Union ministry of health in collaboration with the World Health Organisation, (WHO).

Experts expressed grave concern at the sub-regional conference on AIDS held in Imphal between 20 and 24 January. The conference was organised jointly by the government of Manipur and the Union government in collaboration with the United Nations Development Programme.

Manipur has registered a steep rise in the number of registered AIDS cases. However, unlike in other states where the disease has been spread through heterosexual

contact, intravenous drug users have caused the alarming spread of the disease in the state.

Inaugurating the conference, the Manipur Governor, Mr. Chintamani Panigrahi, said there were about 30,000 drug addicts in the state of which around 20,000 were intravenous drug users and were highly susceptible to the disease. Mr. Panigrahi revealed that as many as 646 babies were infected by the AIDS virus in the state.

Three epicentres of HIV infection in the country identified by AIDS control experts at the conference are in Bombay, Madras and Manipur.

Manipur shares borders with Myanmar and the infamous "Golden Triangle," which includes Burma, Laos and Thailand and the situation in the state is one of concern. According to the director of the Voluntary Health Association of India, Dr. P. Sehgal, Manipur has just .19 per cent of the country's population, and it is alarming that of the total of 5,131 HIV cases detected in India, 1,186 were among intravenous drug abusers of Manipur alone.

Speaking at the seminar, the head of the drug cell at the Imdadiya Hospital Committee, a non-government organisation, said: "AIDS is slowly spreading in Assam and we are taking steps to check the spread of the disease." He said there were three HIV positive cases in Assam of whom two were defence personnel. A total of 4,420 people had been screened in Assam, since 1987, he said.

AIDS has also spread to Nagaland and Mizoram, according to Dr. B. Langkhan, an AIDS control specialist from Manipur. There are 60 HIV positive cases in Nagaland and 12 in Mizoram. No immediate statistics are available about the spread of the disease in Tripura and Arunachal Pradesh.

#### Over 100 Full-blown AIDS Cases Detected

BK1903054492 *Delhi INDIAN EXPRESS* in English  
12 Mar 92 p 2

[Text] New Delhi—A total of 104 full-blown AIDS cases have so far been detected in the country with Bombay topping the list with 37 followed by Delhi (15), the Rajya Sabha was informed on Wednesday.

Admitting an increase in the number of AIDS cases reported in the country, the Minister of State for Health and Family Welfare, Mrs. D. K. Tharadevi Siddartha said 6,683 persons were found to be HIV positive.

Out of 1,273,829 persons at risk behaviour screened till January last the HIV positive cases were found at the rate of 5.25 percent, she told Dr. Sanjay Singh.

Maharashtra accounted for the highest number of Western Blot positive cases with 2,096 followed by Tamil Nadu (1,506), Manipur (1451) and Delhi (479), she said.

To prevent the spread of the disease, the National AIDS Control Programme was started in 1987 which comprised a three pronged attack—surveillance, health and community education and promotion of safety of blood and blood products, the minister said.

A five-year national AIDS project involving a \$100 million had been negotiated with the World Bank which would begin from next month, she said.

#### Cheaper Anti-AIDS AZT Manufacturing Process Developed

BK2903094292 *Delhi All India Radio Network*  
in English 0730 GMT 29 Mar 92

[Text] The Indian Institute of Chemical Technology in Hyderabad has developed a cheaper process for the manufacture of the only approved drug Azidothymidine, AZT, for the treatment of AIDS. Director of the institute Dr. A.B. Ramarao, told newsmen in Hyderabad that the new process will be released to three commercial firms for production. He said the institute has also passed on technology for making anti-cancer drug, (Etoposide), to a commercial firm.

#### IRAQ

#### Kurdish Leaders Contract AIDS From Female Allied Soldiers

JN0904085492 *Baghdad INA* in Arabic 0740 GMT  
9 Apr 92

[Text] Baghdad, 9 Apr (INA)—Informed sources in the Kurdistan Autonomous Region have said that three leaders of traitor Kurdish parties have contracted AIDS.

AL-QADISIYAH cites sources as saying that three cases of AIDS, which appeared in Khalifan, Rawandoz, and Zakho, occurred as a result of illegal affairs between Jalal Talabani's cliques and female soldiers from the alliance of the 30-state aggression serving in the region.

The sources stressed that traitor Rashid Jawish, who is now receiving treatment in Irbil hospital, and his wife, Zalikhah Yaban, are among the victims of the disease.

#### ISRAEL

#### AFP—New AIDS Cases Triple Last Year

NC0604105492 *Paris AFP* in English 1008 GMT  
6 Apr 92

[Text] Jerusalem, April 6 (AFP)—The number of new cases of Acquired Immune Deficiency Syndrome [AIDS] tripled in Israel last year, according to a publication for medical professionals.

The number of AIDS carriers detected in 1991 climbed to 306—35 of them women—compared to 97 new cases in 1990, the April edition of AIDS Newsletter reported.

That gave a total of 867 AIDS carriers, up from 570 in 1990.

Professor Zeev Handzel, director of clinical immunology at Kaplan hospital in Rehovot, south of Tel Aviv, attributed the increase in part to the wave of some 170,000 immigrants who flooded into Israel last year.

Israel has since 1983, on top of carriers, also recorded 201 sufferers of full-blown AIDS, 132 of whom have already died. That represents 3.3 sufferers per 100,000, compared to about 100 per 100,000 in the United States, he said.

### **Over 300 Percent Rise in HIV-Positive Testing in 1991**

*TA0604104192 Jerusalem THE JERUSALEM POST in English 6 Apr 92 p 3*

[ITIM report]

[Text] The number of people here who tested HIV positive increased by a dramatic 316 percent last year and now stands at 867, according to the latest issue of AIDS NEWSLETTER.

As of March 1, 201 people here had contracted full-blown AIDS, and 132 of them had died.

The AIDS NEWSLETTER, edited by Yinon Shenkar and Prof. Ze'ev Handzel, appears monthly and provides the latest information on the fatal disease to medical professionals and young people.

The newsletter reports that 97 people were identified as HIV positive during 1990.

By the end of 1991, this figure had tripled to 306, including 35 women. The increase, the newsletter said, was mainly due to the wave of aliyah which brought HIV positive people to the country.

"In recent months, there has been an unusual awakening of interest among teachers, nurses, youth workers and physicians in helping promote preventive education among young people," noted Shenkar.

## **MOROCCO**

### **AIDS Cases Feared Higher Than Reported**

*92WE0285B Rabat L'OPINION in French 10 Feb 92 p 6*

[Article: "A Common Enemy, Divided Efforts"]

[Text] AIDS is threatening Morocco from the south (the countries of black Africa) and the north (Europe). The impact of this terrible malady on our society is not very well-known, since all the epidemiological studies conducted so far are not yet ready.

The Public Health Ministry's department of sexually transmitted and dermatological diseases reported 226 cases of HIV infection as of 31 December 1991. Full-blown AIDS cases accounted for 98 of them, para-AIDS cases for 27 of them, and nonsymptomatic carriers for 101.

There are several reasons why the actual number of AIDS patients in Morocco may be higher than the official figure. They include an imperfect system for reporting the disease, an insufficient number of stations for inventoring all cases of STDs (sexually transmitted diseases) and AIDS, the lack of experience of doctors and laboratory workers in the early diagnosis of AIDS patients, and the population's ignorance of the disease.

Moroccan health circles are aware of the seriousness of a potential AIDS epidemic. With the help of international organizations and experts, they are turning their attention to improving the manner in which the fight against AIDS is organized, in terms of management, epidemiology, information, and public education.

Outside the official circuit, several associations and nongovernmental organizations have formed throughout the kingdom to block the disease.

No one doubts that each is motivated by the desire to do what is right. But if each side works in isolation, without convergent viewpoints or plans of action, time and energy could be wasted.

**THE ENEMY IS COMMON** [as published], so let us work as a community to close our northern and southern borders to this unwelcome guest: AIDS.

### **Ministry Gives Costs of Treating AIDS Patients**

*LD0804142692 Rabat MAP in English 1313 GMT 7 Apr 92*

[Text] Rabat, Apr. 7 (MAP)—An AIDS patient costs the state an average of 75,200 DH [dirham], 65 percent of the sum represent drugs expenses and 35 percent went to medical care and para-clinical testing, Omar Akalay head of the Epidemiology Department at the Moroccan Health Ministry told "LA VIE ECONOMIQUE" magazine.

This means, he went on, that the thirty AIDS cases treated in 1991 costed the state 2,256,000 DH and in year 2001, in the most optimistic estimates, medical care for AIDS will reach 19,575,000 DH, and will be of

102,805,000 DH according to most pessimistic estimates. If all expenses are taken into account since the outbreak of the epidemic in 1986 until year 2001, a total of 131.225 million DH were spent and taking into account other related expenses (blood transfusion systematic detection, communication, awareness and information actions, an amount of 5.150 million DH is to be spent in 1992, the overall yearly minimum will stand at some 10.15 million DH.

Akaly renewed that the use of condoms which remains the sole efficient prevention means should be further popularized for it's more economical to prevent than to treat AIDS victims. On the communication policy followed by the health department to avoid the spreading of AIDS, he said it consists of conducting studies on Moroccan sexual life of high risk populations (youth, prostitutes ...) and direct action through conferences and press meetings with high-risk people.

**AIDS Incidence in Ukraine**

*91WE0257 Kiev MOLOD UKRAYINY in Ukrainian  
1 Dec 90 p 2*

[Article by L. Mykytyuk]

[Text] Any type of official information in Ukraine has, all too often, the opposite effect from what is intended. The underlying credo seems to be: Don't believe anything that is issued by the government since its intent is to undermine the movement for democracy which, after all, does have popular support in Ukraine.

Specialists no longer refer to AIDS as an epidemic, but as a pandemic. According to volume eight of the Ukrainian Soviet Encyclopedia, pandemic comes from the Greek word for people and represents the most serious form of an epidemic when an infectious disease encompasses one or more countries.

The number of countries afflicted with AIDS now stands at 175. Worldwide, there are six million individuals infected with HIV (human immunodeficiency virus, or AIDS virus) and 299,000 patients with AIDS. These figures include 700,000 children. A recent briefing for journalists by the Ukrainian Ministry of Health disclosed that within five years the numbers of infected individuals will rise to 15 million, and by the year 2000 everyone in the world will be infected unless preventive measures are taken to save our planet.

Until 1987 the Soviet medical establishment denied that AIDS exists in the USSR and asserted that AIDS could never find a niche here. This was all the more encouraging since the US was already plagued by some 12,000 cases of AIDS. In the US AIDS surfaced in 1981 and the acronym first appeared in weekly American epidemiologic reports. Currently, about 1.5 billion dollars goes for work on AIDS in the US. An AIDS program was finally founded in the USSR, but so far the government has not gotten around to financing it. Just a slight difference in the American and Soviet approaches to this scourge.

Our statistics reveal that financing of information on AIDS in the USSR comes to six kopecks per year per citizen. Even this low level has had an effect. Now one person out of seven is sufficiently concerned about AIDS to alter their sexual habits. At least this is what surveys reveal, although old habits die hard.

Nevertheless, it is generally recognized that the risk of a HIV infection is higher in passive homosexual partners. In heterosexual relationships the risk of infection for a man from a woman is higher than vice versa, although accurate data are not yet available. In addition, American researchers have shown that women with AIDS die sooner than infected men because of the more virulent course of the disease. The reasons for this difference remain unclear.

Today there are 48 AIDS patients in the USSR and 1126 infected individuals, although the rate of increase is regarded as high since there was a six-fold increase in one

year. In most of the European countries the rate of increase is on the order of 1.5- to two-fold.

In Ukraine there are 221 HIV carriers, although it must be noted that foreign diagnostic methods have an accuracy rate of almost 100 percent, while Soviet techniques approach only 70 percent. To date, two children and a young woman have died of AIDS in Ukraine. Infected individuals are found in 16 Ukrainian oblasts, with more than half of the cases occurring in Odessa and Kiev.

The first Soviet case was a translator who had worked in Africa.

Although the virus does not kill immediately, it weakens a victim to the extent that stress or another infection leads to rapid proliferation of HIV after years of dormancy. The patients frequently come down with cancer and their physical appearance resembles that of concentration camp prisoners. Patients with AIDS lose 15 to 20 liters of water a day and are commonly referred to by physicians as 'living cadavers.'

Arkdiy Fedorovich Frolov, director of the Kiev Scientific Research Institute of Epidemiology, is quite familiar with various diagnostic technologies, including those described as extrasensory. He recently informed the public that there isn't a single laboratory in Ukraine devoted to isolation of HIV since there is no specific 'Ukrainian' AIDS virus, as if that should preclude serious research.

When asked whether the diagnostic method of V. M. Sarchuk has been tested at the institute, Frolov responded that the method has been tested, is being tested, and will again be tested in two to three months.

Frolov added that the test is very sensitive, but its specificity remains to be established. In some cases the results were both false positive and false negative in comparison with instrumental methods. Although arcane, such information is of general interest.

Legislators, however, have moved faster and and All-Union law dealing with AIDS has been passed and is under consideration in the Ukrainian Supreme Soviet. It has been said that the Ukrainian bill is more specific on some points than the All-Union bill, although it has yet to be implemented.

The new laws legalize homosexual practices and prostitution as a means of facilitating AIDS prevention. They represent revolutionary changes whose time has come.

Under existing laws foreigners with AIDS or HIV carriers are subject to deportation. Nevertheless, since AIDS has already been introduced into Ukraine by citizens of 29 foreign countries, such measures can hardly be expected to have a telling effect.

One article of the Ukrainian Criminal Code threatens infected physicians who place their patients at risk with a jail term of five years. Patients who knowingly infect others are subject to jail terms of up to eight years. In

addition, regulations are being implemented that insure patient confidentiality, and prevent discrimination at the worksite, school, or in kindergarten. Furthermore, patients are guaranteed medical care, social security, free transportation for treatment purposes and other forms of humane assistance.

Talk about isolation of AIDS victims cannot be tolerated and such measures are impractical in the face of a pandemic that threatens us all.

In addition, American studies have shown that surgeons, obstetricians and gynecologists are at a two- to three-fold greater risk of infection than homosexuals. Accordingly, proposals have been made to provide certain categories of physicians in the US with national health insurance and, in the worst case scenario, provide for their families.

There is an interesting paradox that Soviet physicians have a typically Soviet attitude to this danger; it is both lackadaisical and infantile as far as ordinary precautions go. Disposable equipment and supplies either disappear or are reused, practices that guarantee to place them and their patients at risk.

Perhaps legislative measures will guarantee our safety. Sweden was the first country to promulgate AIDS legislation as early as 1983. Austria followed in that same year and introduced a program of compulsory testing for HIV. In addition, infected prostitutes were forbidden to practice their profession.

The peak incidence of AIDS in the USSR is anticipated to occur in 1997. Only five percent (150 million pieces) of the required number of disposable syringes are currently available, with plans calling for the production of one billion in 1990 and 2.25 billion in 1991. However, the Luhansk tool plant is far behind in supplying four syringe manufacturers with fully automatic assembly lines.

Serhiy Vasylovych Komisarenko, deputy minister of Health of the Ukrainian SSR, has stated that manufacturing equipment will be purchased from abroad while Ukrainian industry works to start production on its own. Oblast executive committees have been ordered to identify plants capable of producing disposable syringes. Cost estimates for importing such equipment are in the 250 to 300 million ruble range, but even this figure is out of date. The time has come for every republic to take the initiative in its own hands and Ukraine is determined to utilize all available means to secure release of the appropriate funds from the USSR Ministry of Health.

Today, the financial aspects of AIDS seem to have taken precedence over the moral and legislative questions.

The Ukrainian Ministry of Health has very limited resources and has found a way out of this situation by

sponsoring other institutions in their work against AIDS. After ordering two anti-AIDS films the coffers of the ministry became completely depleted. Nevertheless, foreign experience shows that for every twelve dollars spent on information about AIDS, one case of HIV infection is prevented.

Unfortunately, not much is being done about AIDS by the government, and everyone has to think about it and act rationally.

### Student Clinic Head on AIDS

91WE0257B Kiev MOLOD UKRAYINY in Ukrainian  
1 Dec 90 p 2

[Article Yehven Tur]

[Text] It all started with a rumor that some foreign students in Kiev were deported from the USSR because of AIDS. Accordingly, an interview was held with Volodymyr Romanovich Voynarovskyy, head of student clinic and a specialists on AIDS.

**Question:** How many students are being seen at the Kiev Student Clinic?

**Answer:** Our polyclinic is responsible for some 112 thousand students at 16 higher and 32 intermediate educational institutions.

**Question:** Are any infected with AIDS?

**Answer:** There are no Soviet citizens that have AIDS. A few foreigners, however, have been diagnosed with AIDS and, in accordance with Soviet law, all have been deported.

**Question:** But the foreigners could have had intimate relations with our citizens?

**Answer:** That certainly is possible because of the loose morals of our female students. Such contacts have actually been conformed by the foreign students, but names could not be obtained since they only knew their partners by first names.

**Question:** So there may be cases of AIDS among Kiev's students?

**Answer:** Could be. We are not in a position to examine every student and a law would have to be passed requiring compulsory examination. A situation like that would contradict human rights, although we test every blood sample that we get for AIDS. In addition, we monitor patients with AIDS-like symptomatology, pregnant women, patients with sexually transmitted diseases, and analyze donor blood.

**Question:** What are the numbers like?

**Answer:** Out of a yearly total of 100,000 Soviet students we examine 30,000.

**Question:** Have any foreign students refused medical examinations?

**Answer:** All new foreign students are required to be tested for AIDS, whether they had been tested at home or not. In case of refusal they are deported.

**Question:** OK. That takes care of the new arrivals. How about those returning from vacations at home?

**Answer:** We can provide no guarantees about foreign students who have been studying here for several years.

**Question:** Can medical instruments transmit AIDS?

**Answer:** Theoretically, yes. But we are doing everything possible to preclude this. Beginning with 1989-1990 we have relied exclusively on disposable syringes for injections. The situation is more difficult with other instruments and equipment, but we guarantee disinfection and sterilization.

**Question:** Well, at least you have enough disposable syringes!

**Answer:** Not really. Frankly, there are not enough disposable syringes in Kiev. Consequently, the Kiev Health Department has given priority to students and pediatric and obstetrical clinics.

**Question:** Are students a high risk category?

**Answer:** No more than children and pregnant women; it's just that they have been assigned to the same priority category.

**Question:** Are the testing techniques you employ completely accurate?

**Answer:** No. The accuracy of our techniques are no better than 70 percent at best, and we have complained about this to the Ukrainian Ministry of Health.

**Question:** In other words, the others feel safe although ...

**Answer:** Unfortunately, yes. A negative result does not guarantee health and we don't have our own laboratory. All blood samples are given to the Municipal Sanitary Epidemiologic Station for testing. And God knows what goes on there. There are only enough foreign test kits for confirmatory testing. I am a member of the Kiev AIDS Commission. On November 2 we requested special funds from the city council to alleviate this situation, but without success.

**Question:** How do you think these problems can be overcome? By legislative, financial...

**Answer:** We need a sound financial program to prevent intrusion of AIDS into Kiev, Ukraine and the USSR, which has to have a legislative backbone. AIDS legislation should be considered by the Ukrainian Supreme Soviet by January 1, 1991. An AIDS program for Kiev has also been proposed to the city council for their evaluation, if they feel like it. But I fear that our soviets

won't get to considering AIDS legislation even in 1991. And yet, 1992 promises to be a real disaster for the USSR in terms of AIDS. We will wind up spending millions—both in Soviet and real currency—for treatment because of indecision and indifference.

**Question:** How many cases are expected in 92-93?

**Answer:** 92 will not be a peak year, just a geometrical progression in the number of cases.

**Question:** And what will be done about it?

**Answer:** If the proper programs are implemented there is some hope for optimism.

**Question:** The government is one thing, but how do physicians think?

**Answer:** Physicians will rest easy once a vaccine is available. The next question is: Will the people accept vaccination since the news media has created the impression that vaccines can be dangerous.

**Question:** How much would it cost to have a modern AIDS laboratory?

**Answer:** In Kiev, about 100,000 rubles in start-up costs and an annual budget of ten to 12,000 per year for reagents. So far the city executive committee hasn't even scraped up 30,000 rubles, although what we are talking about is something far more essential than soap and pantyhose for which funds are available.

In the meantime the politicians are concentrating on political squabbles and seem to be unaware that in another decade there will be nobody left to starve. AIDS is the new Chernobyl!

#### Immunodiagnosis of HIV Infection in the Transfusion Service

92WE0319 Moscow *GAMATOLOGIYA I TRANSFUZIOLOGIYA* in Russian Vol 36 No 5, May 91

[Article by T. V. Golosova, A. N. Margolina, T. A. Tupoleva, A. A. Gulyayeva, All-Union Hematological Science Center, USSR Ministry of Health]

[Text] Among the many problems associated with AIDS, one of the most critical is the prevention of HIV infection in blood transfusions. Despite all the efforts to fight the disease, the number of infected individuals is growing from year to year.

For example, in the United States, AIDS patients numbered some 215,000 at the beginning of 1990; by the year 2000, that figure is expected to reach 850,000. In the USSR, there are 28 recorded AIDS cases, but that figure is expected to rise to 30,000 by the year 2000, with the number of HIV-infected individuals reaching 1-1.5 million. As of March 1990, of the 50 million individuals screened, 943 were identified as HIV-infected, and 457 of them were Soviet citizens (210 of the 457 were children infected in hospitals in Elista, Rostov, Volgograd, and other cities). AIDS developed in 17 of the children, and 11 of them have died. Those data point to

the rapid spread of HIV infection in the USSR, which necessitates improving the means of diagnosing it and preventing it.

The very first thing to be done is to effectively identify the infection in its earliest stage among donors and to thereby prevent the spread of the virus through blood and blood products, as well as through the transplantation of bone marrow, organs, and tissue. The principal marker for HIV infection consists in the antibodies to the viral antigen that have been identified in the blood serum of infected individuals.<sup>14</sup>

The first generation of diagnostic systems for identifying anti-HIV antibodies was based on indirect solid-phase enzyme immunoassay (EIA) that used a purified viral lysate as the antigen. Second-generation techniques have been developed to raise the sensitivity and specificity of the immunodiagnostic preparations, and they use genetically engineered viral proteins—recombinant antigens<sup>3,4,7</sup> or synthetic peptides that carry specific epitopes<sup>1,2,12</sup>—as the antigens. In addition to EIA, sensitive techniques have been developed—immunofluorescence, radioimmunoprecipitation, and agglutination tests—as well as quick techniques for inspecting the blood for anti-HIV antibodies.<sup>6,8,13,15</sup>

The aim of the work reported here was to develop an algorithm for testing blood serum for anti-HIV antibodies and to verify seropositive samples.

At present, primary screening for HIV-infection is done with kits that use EIA. The technique used for confirming the test is immunoblotting (Western blot), but wide use of that technique is hindered by the complexity of the technique and its expense.

Since 1985, mandatory testing for anti-HIV antibodies with domestic EIA systems has been in effect for all donor blood in the USSR, as well as in other countries.

In primary screening, the frequency of seropositive tests ranges from 0.26 percent to 0.57 percent, depending on the test system used (NPO Antigen or NPO Vektor); in repeat tests, the figure drops to 0.01 percent. All EIA-positive donor-serum sample are sent to the regional testing and diagnosis laboratory or to the USSR Ministry of Health All-Union Hematological Science Center.

The results of tests of 2,009 sera sent for verification to the All-Union Hematological Science Center from various regions of the country are presented in the figure. The data obtained indicate that after the samples were checked in domestic test systems based on various antigen determinants, positive test results were recorded in only 18 percent of cases; in 72 percent [as published], the tests were clearly negative with redundant testing. Testing with imported test systems (Abbott, United States; Wellcome, Great Britain, SP DIAplus, USSR-Switzerland, etc.), the percentage of positive tests dropped to seven percent. The samples (149) that yielded a clearly positive EIA test in imported commercial test systems were then studied in Western blotting.

Of those, only 20 samples (one percent) actually contained specific antibodies to HIV proteins. Of the nine individuals identified in 1987-1988 as HIV seropositive, six were foreign citizens—primarily students from Africa—and three were Soviet citizens—blood donors from Moscow, Smolensk, and Elista. In 1989, a total of 11 seropositive individuals were identified—five were foreigners from Africa and six were Soviet citizens (venereal disease patients, individuals who had been abroad for more than a month and were examined on the basis of clinical indications).

False-positive EIA tests may be due to inadequate specificity and poor standardization of test systems, as well as to a number of other things—content in the blood of autoantibodies to class II histocompatible antigens, presence of antibodies to antigens (related to viruses) that are capable of cross-reacting with antigen determinants of HIV proteins, and presence of antibodies to parasitic diseases such as chronic renal insufficiency, chronic hepatitis, autoimmune pathology, alcoholism, etc.<sup>5,9-11</sup>

The principle underlying the confirming Western blot consists in the identification of antibodies to certain viral proteins immobilized on a nitrocellulose membrane. First the viral proteins are separated electrophoretically in polyacrylamide gel and transferred to the surface of the nitrocellulose membrane, which is then incubated with the sample under study. If specific antibodies to HIV proteins are present, the sectors of the formation of immune complexes are dyed after appropriate treatment of the conjugate and substrate.

The results of the immunoblotting can be assessed as positive, doubtful, or negative. A test is considered seropositive when antibodies to at least one of the viral envelope proteins (gp 41, gp 120, gp 160) are identified. If antibodies to different viral proteins are found, but no antibodies to the envelope proteins are identified, the test result is considered doubtful. Sera containing antibodies to protein p 24 must also be tested for antibodies to both viruses (HIV-1 and HIV-2) in combined test systems. The presence of antibodies to viral-nucleus proteins (p 24) may also indicate an early stage of infection. Such individuals need to be kept under observation and need to be retested in 3-6 months. In any event, individuals with a doubtful immunoblotting test result cannot donate blood. Final diagnosis can be made after careful epidemiological and clinical/immunological examination.

Based on our experience, we suggest that the testing of donor blood sera for anti-HIV antibodies be done in three stages. In the first stage, screening tests are done with domestic test reagents. If a positive test result is obtained, the sample is retested with domestic systems, preferably based on different types of sorbed HIV antigens (Antigen, Rekombinant-HIV, Peptoskrin).

In the second stage, samples producing a doubtful or a positive result are tested with imported commercial EIA test systems or with the agglutination test (Serodia-HIV, Japan).

In the third stage, the positive sera are tested in a confirmation test—immunoblotting.

A response must not be given [to the individual] until the final result is obtained in the confirmation tests, so as to prevent psychological and social injury.

That algorithm for verifying HIV infection in donors provides reliable testing and is economically sound.

At present, the principal laboratory criteria for HIV infection have been developed, although a positive EIA test result for HIV antibodies should be classified as an indirect indicator. Also indirect indicators are lower ratio of immunomodulator subpopulations of T lymphocytes ( $OKT4/OKT8 < 1.5$ ), hyperimmunoglobulinemia, and leukopenia.

Among the differential-diagnosis criteria are presence of specific antibodies to HIV proteins in the immunoblot, EIA identification of HIV antigen, and isolation of virus from the blood or from other biological fluids.

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#### Clinical Manifestations of HIV Infection in Children

92WE0303A Moscow SOVETSKAYA MEDITSINA  
in Russian No 9, Sep 91 pp 79- 81

[Article by E. N. Simovanyan, V. N. Chernyshov, L. P. Sizyakina and N. M. Koldyazhnaya, Rostov-on-Don Medical Institute; UDC 616.98:578.828.6-092:612.017.1.064]-053.2-07]

[Text] Cases of HIV infection have been recorded predominantly among children in recent years in the USSR, including in Rostov Oblast. The goal of describing the features of HIV infection in children depending on the stage of disease was posed in this connection.

Fifty-two children from 7 months to 14 years old were under observation. HIV infection was diagnosed on the basis of recognized criteria <sup>2,3</sup>.

HIV-1 antibodies were detected in blood serum from the children by means of the "Serodia" agglutination test system, with subsequent confirmation of the presence of antibodies to virus-specific HIV-1 antigens (p24, p31, p55, p64, p120) in "Western-Blot" immunological blot analysis. The overall T-lymphocyte population and the T-cell subpopulation were determined by means of monoclonal series LT antibodies (LT<sub>3</sub>, LT<sub>4</sub>, Lt<sub>8</sub>) in the indirect immunofluorescence test. The relative and absolute quantities of B-lymphocytes were studied in the rosette-forming reaction using mouse erythrocytes. The concentrations of IgA, AgM and IgG in blood serum were determined by Manchini's method, and the level of circulating immune complexes (CIC) was determined by precipitation of immune complexes with polyethylene glycol <sup>1</sup>. The functional activity of T-lymphocytes was determined in the RBTL [not further identified] reaction (using PHA as the mitogen of phagocytic activity), and the reserve potency of T-lymphocytes was determined in load tests with T-activin. PHA was evaluated on the basis of indicators of unfinished and finished phagocytosis (*St. aureus*, strain 209), and spontaneous phagocyte activity was analyzed in the NST [not further identified] test (spontaneous and stimulated). The resulting data were subjected to statistical treatment using Student's t-test.

Patients were distributed in relation to disease stages in accordance with V. I. Pokrovskiy's classification (1989). The stage of initial manifestations of disease (group 1) was observed in 33 patients, among whom one was observed with IIB and 32 were observed with IIC. The stage of secondary diseases were revealed in 19 children (group 2), to include 11 with IIIA, 3 with IIIB and 5 with IIIC.

Seventeen (32.8 percent) of the children were up to 2 years old, 17 (32.8 percent) were from 2 to 3 years old, 11

(21.2 percent) were from 3 to 7 years old, and 7 (13.2 percent) were over 7 years old.

Analysis of premorbid state revealed that most children exhibited signs of perinatal posthypoxic encephalopathy (48.5 percent in group 1, 50 percent in group 2), frequent ear, nose and throat viral infections (33.3 and 27.7 percent respectively), diseases of the perinatal period (15.1 and 22.2 percent), and congenital developmental defects (6 and 5.5 percent). Mention should be made of the absence of a clear dependence of the features of premorbid state in children on development of the stage of HIV infection.

Retrospective analysis of clinical manifestations of disease showed that the incubation period of HIV infection was  $31.3 \pm 8.9$  days on the average. The shortest incubation period was in group 2— $15.2 \pm 2.8$  days.

Symptoms recorded in the stage of primary manifestations, IIA, included fever (in 100 percent of children), catarrhal signs (56.2 percent), intestinal dysfunction (21.8 percent) and a mononucleosis-like syndrome (16 percent). In group 2 the period of acute fever proceeded significantly more seriously and was characterized by development of poly-etiological sepsis (in 22 percent) and afflictions of the nervous system (22 percent) and

the kidneys and liver (11 percent). The duration of stage IIA was  $28.3 \pm 3.3$  days in group 1 and  $47.8 \pm 47.8$  days in group 2.

Stage IIA could not be revealed on the basis of medical documents in a third of the patients.

The latent period of stage IIB was diagnosed in one child.

Systemic enlargement of lymph nodes from 0.5 to 2—2.5—3 cm in diameter was noted in the stage of generalized lymphadenopathy, IIC; the largest dimensions were attained by axillary, cervical and inguinal nodes. Palpation revealed that the lymph nodes were painless, they were free of surrounding tissues, and they were of a dense elastic consistency (see Table); in this case dynamic observation of HIV infected children for 6–12 months did not reveal reverse development of the lymph nodes. Enlargement of the liver by  $2.0 \pm 0.5$  cm was detected in 56.3 percent of children in state IIC, enlargement of the spleen and dermal changes taking the form of dermatitis, spotty papular rash and catarrhal, quickly proceeding stomatitis were noted in 9.3 percent, weight loss within 10 percent was noted in 6.2 percent, and a short-term subfebrile temperature was noted in 3.1 percent. One child's tooth enamel was afflicted. Repeat respiratory-viral infections during the period of dispensary treatment were noted in 34.4 percent of the children, and acute intestinal infections were noted in 25 percent. These infections terminated in recovery.

Clinical Manifestations of HIV Infection in Children

Symptom	Stage							
	IIIC		IIIA		IIIB		IIIC	
	Abs	%	Abs	%	Abs	%	Abs	%
Enlargement of the liver	18	56.3	11	100	3	100	5	100
Enlargement of the spleen	3	9.3	8	72.7	3	100	5	100
Enlargement of lymph nodes	32	100	11	100	3	100	5	100
Up to 10% weight loss	2	6.2	-	-	-	-	-	-
Over 10% weight loss	-	-	6	54.5	3	100	5	100
Catarrhal stomatitis	3	9.3	-	-	-	-	-	-
Aphthous stomatitis	-	-	9	81.8	3	100	5	100
Dermal changes	3	9.3	6	54.5	2	66.6	4	80
Affliction of tooth enamel	1	3.1	3	27.2	-	-	3	60
Short-term subfebrile temperature	1	3.1	-	-	-	-	-	-
Prolonged increase in temperature	-	-	6	54.5	3	100	4	80
Affliction of the nervous system	-	-	2	18.1	2	66.6	4	80
Protracted pneumonia	-	-	-	-	-	-	3	60
Affliction of the kidneys	-	-	2	18.1	-	-	-	-

In the stage of secondary diseases, IIIB, persistent candidiasis of the skin and mucous membranes, prolonged subfebrile temperature alternating periodically with fever, and more than 10 percent weight loss were noted on the background of generalized lymphadenopathy and

significant enlargement of the liver (to  $4.0 \pm 0.8$  cm) and the spleen (to  $2.0 \pm 0.6$  cm). HIV encephalopathy characterized by retardation in mental development, paraparesis of the lower limbs and affliction of cranial nerves were diagnosed in two patients.

Stage IIIC was diagnosed in five patients, characterized by dystrophy, persistent candidiasis of mucous membranes, tetraparesis (in three), protracted pneumonia (in three), disseminated pulmonary tuberculosis (in one), periodic aggravation of salmonellosis infection (in two), as well as generalized lymphadenopathy and hepatosplenomegaly.

In group 2 in the stage of secondary diseases, cytomegaloviral infection (in 38.8 percent of the children), herpes infection (in 33.3 percent), presence of HbSAg (in 27.7 percent) and intestinal infections caused by rotaviruses (in 22.2 percent) and *Salmonella* (in 11.1 percent) were diagnosed.

Of interest is predominant affliction of the bronchopulmonary system in group 1 (42.4 percent of the patients). In the stage of secondary diseases the nervous system (38.8 percent), liver (44.4 percent) and kidneys (18.1 percent) were affected in addition to the bronchopulmonary system.

No specific changes were revealed in peripheral blood of HIV infected children. However, mention should be made of increasing anemia as the infection process deepens (erythrocyte count in group 1— $3.8 \pm 0.40^{12}/\text{liter}$ , in group 2— $3.0 \pm 0.20^{12}/\text{liter}$ , Hb— $112 \pm 12.8$  and  $92.0 \pm 8.6 \text{ gm/liter}$  respectively), and of the elevated erythrocyte sedimentation rate ( $14.5 \pm 2.1$  and  $20.8 \pm 1.9 \text{ mm/hr}$ ).

An increase in ALT activity (to  $2.0 \pm 0.4 \text{ mmoles/hr}$ ) and dysproteinemia characterized by a decrease in albumin quantity (to  $40.2 \pm 3.1 \text{ percent}$ ) and hyperglobulinemia (to  $59.9 \pm 3.5 \text{ percent}$ ) were revealed in 15.1 percent of the children in group 1 and 44.4 percent in group 2.

Analysis of immune status in stage IIC revealed a decrease in the concentration of T-helpers with a simultaneous increase in the level of T-suppressors, coupled with inversion of the  $T_4/T_8$  coefficient. The results of load tests with T-activin demonstrated a moderate decline in functional activity of T-lymphocytes coupled with retention of functional reserves of T-cells. Distinct hypergammaglobulinemia of classes IgA and IgG was noted in all children, and the CIC concentration was simultaneously elevated. In addition growth of phagocytic activity of neutrophils coupled with stimulation of unfinished and finished phagocytosis was revealed. Activation of the metabolic activity of neutrophils was detected by means of the NST test (spontaneous and stimulated).

Immune status was characterized in group 2 by development of a T-type immunodeficient state with a pronounced decrease in the relative and absolute quantity of T-lymphocytes, and by further reduction of the helper subpopulation. The functional activity of T-lymphocytes and their reserve potency were significantly inhibited. The B-cell quantity remained elevated. Hypergammaglobulinemia of all classes persisted as well. Phagocytic activity of neutrophils was reduced, and changes in

digestive activity of neutrophils was especially pronounced. The CIC concentration was elevated.

Thus analysis of the results of immunological research revealed a dependence of the detected changes on the stage of HIV infection.

### Conclusions

1. Premorbid state does not have a significant influence on the dynamics of the infection process or on the time of development of the stage of secondary diseases.
2. The period of acute fever is characterized by development of catarrh of the upper respiratory tract, mononucleosis-like syndrome, diarrhea and fever.
3. The clinical criteria for early diagnosis of HIV infection are generalized lymphadenopathy, hepatosplenomegaly, affliction of the skin and mucous membranes, and repeat ear, nose and throat viral infections combined with changes in immune status taking the form of a decrease in the level of T-helpers, inversion of the  $T_4/T_8$  ratio and hypergammaglobulinemia.
4. Development of the stage of secondary diseases is evidenced by the appearance—on the background of generalized lymphadenopathy—of hepatosplenomegaly, candidiasis of the skin and mucous membranes, over 10 percent weight loss, prolonged subfebrile temperature (over 1 month), affliction of the nervous system, a pronounced P-type immunodeficient state, exhaustion of the functional activity of T-cells, reduction of finished phagocytosis and inversion of the  $T_4/T_8$  ratio.
5. The research results permit recommendation of dispensary observation of HIV infected patients.

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### Ukrainian Health Minister on AIDS Control Measures

92WE0234A Kiev PRAVDA UKRAINY in Russian  
28 Nov 91 p 4

[Article by Yu. Spizhenko, Ukrainian Public Health Minister]

[Text] It would be nice if it were so. But alas... The Worldwide AIDS Prevention Day was December 1. But what can and should we do to foster hope?

I will begin with the global picture, which clearly shows that at the current rate of growth the disease will affect virtually every house and family. After all, as of today human immunodeficiency virus has infected millions of women, men, and children in 162 countries of the world. AIDS has affected 360,000 people; the mortality rate is very high. By the end of the century there will have been 20 million casualties. If we take into account that a single infected person may potentially infect a thousand people, all continents are at risk.

In the Ukraine 254 people have been identified as having AIDS, including 173 foreigners and 81 nationals. Seven patients have been found. Six of them have died, including two children. It would seem that in comparison with other countries, where the infection rate is higher, the thunder has not yet roared, but this is an illusion. Taking into account the low quality of Soviet diagnostic test systems, many cases have simply not yet been identified. On the other hand, the infection rate is steadily rising here. This year, for the first time more virus carriers have been found among Ukrainian citizens than among arriving foreigners. The ratio is 19 to 11. It is an ominous sign. At the same time, a computer prognosis indicates that by the end of the 1990's nearly 500,000 people will be infected with AIDS in the Ukraine, and tens of thousands of children and adults will clearly contract the disease. We will have to cope with one-fourth of the global Soviet tragedy! If we take into account the fact that the USA is planning to spend trillions of dollars during this time on AIDS control, which exceeds today's gigantic investments greatly, our national budget simply will not bear this battle.

Thus, in order to save the people, the alarm bell should already be ringing. Fortunately, certain steps have been taken in a decisive turn. In October, the Ukrainian Supreme Soviet approved an AIDS control law upon first reading. This is significant progress of the situation in comparison with the statute currently in effect. The Ukrainian code of this type stimulates a more comprehensive protection of victims and at the same time clearly formulates legal responsibility for infection. I am convinced that we are obligated to approach high risk groups in accordance with world standards, rather than Soviet criteria. For example, homosexual relations and prostitution here are a reality. But if further voluntary acknowledgement of association with these categories (especially unfavorable with respect to AIDS) is coupled here with certain legal and administrative consequences, many, many carriers of the infection will not seek medical attention in order to avoid Femida [as published]. The web of disaster will continue to spread...

In emphasizing these and other positions in a report to a session of the Ukrainian Supreme Soviet that legislators must take into account in a humane and efficient government, I was attempting to get the people's deputies to share the concerns of medicine. And in reality, the train for saving the nation had already begun to move. However, we now need for a national program of AIDS control to join the movement, or in other words, become

a reality. It has been prepared by the Ukrainian Ministry of Public Health together with the Moscow Military District Ministry of Justice and other departments and is now at the final stage of approval in the Ukrainian Cabinet of Ministers. I feel that I am bound here to present the appropriations necessary for implementing this program: a billion rubles and 150,000 dollars. No matter how hard our situation is, we need to find these resources.

You ask: aren't these requests high, especially on the part of the hard currency? No, we have accurate calculations before us. For example, the Ukrainian Ministry of Public Health has been able to open 100 laboratories in a short time where AIDS diagnosis is performed. However, the republic needs 600 such laboratory centers, and as they say, not tomorrow, but yesterday. In addition, only test systems from foreign firms well-known in the world market accurately detect AIDS. It stands to reason that we are negotiating for the construction of joint ventures; however, this is a perspective of the future. Time does not wait...

We have a scientific center for AIDS control at the Epidemiology and Infectious Disease Scientific Research Institute imeni L. V. Gromashevskiy. But in general it does not meet world standards. In addition, one capital center of such a profile is not sufficient for a large, independent, heavily populated state. Such outposts and specialized clinics are acutely needed in other regions. After all, AIDS has been found in 17 oblasts of the Ukraine. Odessa and Kiev are in first place.

But we are not placing our trust only in an uncle from the sea. I will not talk about purely scientific research. They are successful, although announcing any advances is still premature. Here are some purely practical directions. One of them is disposable tools. Although they come from abroad, including the equipment given by a Ukrainian diaspora and other philanthropists, the numbers are clearly inadequate. And even if we finally begin our own wide scale production of disposable syringes (we are currently experiencing difficulties with the respective plastics), it will not be a panacea. Many instruments and tools throughout the world are used repeatedly. This means that they need to be reliably treated and sterilized. For this we need, for example, ultrasound washing machines. The production association "Arsenal" is ready to produce them on a large scale. But they need financial and raw material support.

Or take the modern sterilizers. This past year the Zaporozh Electrical Apparatus Factory manufactured 1,000 units. This required significant efforts in re-equipping the factory, new equipment, etc. The enthusiasm of the factory workers deserves tremendous gratitude, but after all, only 1/20th of the need was met.

And then there is also the puzzle. In all countries the decoding of these test systems is performed by instruments. Here the laboratory workers need to write down millions of numbers to assay 96 samples. Here the

Kharkov Scientific Production Association "Electropribor" can help. It has mastered the production of electro-photometers, but under conditions in which it also needs help. I am not going to present a technical discourse, but I want to again emphasize that without serious financing, no progress will be made. It is expensive. For example, in order to identify one type of the AIDS virus, up to a million dollars is spent abroad...

And then there is one more problem. We know that one of the means of protection from the terrible infection is the condom. But 50-60 percent of the youth do not use these products. It seems that it is because they are embarrassed to go to the drugstore. This means that we need vending machines for selling condoms, as is done in other countries. The Ukraine needs at least 6,000 such vending machines. Then the propaganda will be effective.

We must not forget to take into account the following: we have developed a network of trust offices where screenings are performed anonymously. But they are not well-attended, since people are afraid of publicity. I will note that the physician's trust for not publicizing the diagnosis in accordance with current legislation must and will be observed very strictly.

...In thinking about the heading for this article, I looked for works that would interest the reader in reading the material. Are there any exaggerations in the threat I have described? Look the truth in the eyes. If we are going to be limited in the future by half measures, AIDS will surpass in its scales the terrible starvation of 1933. My physician's duty and conscience obligates me to speak of this objectively and frankly.

#### **Computer Forecast of AIDS Incidence**

*92WE0236A Moscow SOVETSKAYA ROSSIYA  
in Russian 19 Dec 91 p 5*

[Article by N. Danilov: "Problems of Disarmament and... AIDS. Fighting the 'plague of the twentieth century' requires colossal resources. Where can we get them?"]

[Excerpts] Possible scenarios for the spread of this infection are offered by long-term forecasts developed by physicians. Soviet specialists, especially those at the Laboratory of Epidemiological Cybernetics, Epidemiology and Microbiology Scientific Research Institute imeni N. F. Gamaleya, USSR Academy of Sciences, have become the undoubted leader in the development of computer models for the epidemic and calculations of long-term forecasts based on them.

The experimental model "SIGMA-4" calculates the epidemiological forecast for the USA up to the year 2020. Several versions of the epidemic have been "played through". According to one of them, the number of virus carriers will peak between 1993-1996, when there may be up to 2.5 million virus carriers. After 1997, the morbidity rate will decline; however, in this case it is

probable that the AIDS virus will reach beyond the risk groups and as a result there will appear a considerable number (up to 16 million) of virus carriers. If this happens, the peak of processes of infecting the populace with the AIDS virus will shift to the year 2008, and the number of virus carriers may reach 50 million. By 2015, more than six million Americans will have moved from the stage of carrying to virus to the stage of clinical disease.

No less alarming are the results of calculations using the "SIGMA-5" model for the USSR. According to the first scenario, there may be up to 2.5 million virus carriers in the USSR. From 1990 to 2030, approximately one million people will have died from the AIDS epidemic. A scenario of an "unlimited" epidemic provided the following parameters: the peak of the processes of infection will occur in the USSR in 2024 and will comprise approximately 55 million infected individuals. The peak in the morbidity rate may come in 2028. Processes of the spread of the virus among hospital and clinic patients present the greatest hazard for our country. If this channel is not stopped, we will not be able to control the epidemic.

Mathematical models make it possible to calculate not only the morbidity rate forecast, but also the economic damage from the epidemic, as well as the necessary resources for anti-epidemic measures. The USA, for example, will be forced to spend approximately 300 billion dollars on the fight against AIDS by 1996, and up to a trillion dollars by the year 2000.

Only the process of disarmament and the conversion of military factories will make it possible to rapidly increase the financing for anti-epidemic measures. The USA and USSR do not currently have any other sources for additional funds. Thus, the financing of measures for checking the course of AIDS may become the alternative to the arms race; however, this idea should receive support first from the legislative circles.

#### **Ministers Approve AIDS Countermeasures**

*AU3003121592 Kiev URYADOVYY KURYER  
in Ukrainian No. 12 (58), Mar 92 p 11*

[Article by Viola Kirtoka: "AIDS—the Threat of the Century"]

[Excerpt] The Cabinet of Ministers has approved by resolution the national AIDS prevention program for 1992-94. This program was formulated by the Health Protection Ministry with the participation of the Justice, Economy and Internal Affairs Ministries, the Procurator's Office, and the Academy of Sciences. Its objective is to unify efforts against AIDS, as its unbridled spread has become worldwide. The program envisages organizational and prevention measures (including medical assistance to AIDS sufferers in clinics and pharmacies, maintenance of proper sanitary and epidemiological conditions, distribution of preventative measures, and establishment of laboratories for AIDS diagnosis). A

system of epidemiological control over HIV (human immune deficiency virus) infection has also been outlined. It involves prevention and epidemiological measures aimed at preventing the infection from being introduced from foreigners and restricting transmission among Ukraine citizens through sexual contact and blood transfusion.

Some 10 million blood donors and other persons must be checked annually against clinical and epidemiological indexes. This makes it necessary to organize a network of laboratories and equip them with high-quality facilities and efficient diagnostic systems.

The program includes psychological and social assistance for persons with HIV and corresponding training for personnel working with these patients. The fundamental tasks include training medical cadres for timely and full identification of AIDS patients, provision of qualified medical assistance to them, prevention of AIDS proliferation, and the awareness of the need for preventive measures while treating AIDS patients or HIV carriers. For this purpose, it is necessary to train physicians and secondary medical personnel and institutionalize the experience accumulated in combating these illnesses.

The program also envisages specialized treatment and prevention assistance that involves primary diagnosis and comprehensive examination in specialized hospitals of suspected HIV and AIDS patients.

In order to provide the proper level of assistance, it is necessary to plan priority financing for these measures.  
[passage omitted]

[Accompanying the article is a boxed statement by the Ukrainian Health Service Center [Ukrtsentrzdorov] headlined "AIDS Is Already in Our Own Home!" The statement says "there are 258 AIDS sufferers in Ukraine, with one-third of them our citizens."

**AIDS Training Symposium Commences Moscow  
4 Apr**

*LD3103154892 Moscow ITAR-TASS in English  
0800 GMT 31 Mar 92*

[Article by ITAR-TASS correspondent Genine Babakian]

[Text] Moscow March 31 TASS—A team of 14 American AIDS educators will open the first AIDS training symposium ever held in Moscow this Saturday.

Nearly 200 participants from throughout the Commonwealth of Independent States, Georgia and the Baltics will convene for a week-long series of workshops on AIDS education and prevention. The symposium, organized by Kevin Gardner, Moscow director for the International Center for Better Health (ICBH), will be held on the M.S. "Gleb Krzhizhanovskiy," a ship docked along the Moscow river.

"The idea is to train people in various professions to be AIDS educators," said Stuart Altschuler, ICBH program director. "Hopefully, a snowball effect will occur, and people will become more aware about HIV and AIDS and how to fight the disease."

A press conference with the American educators and local AIDS officials will take place on Friday, April 3, at 1300 [0900 GMT] in the Minsk AB room at the Olympic Penta Hotel.

**CYPRUS****AIDS Figures Show 62 Cypriot, 47 Foreign Patients, Carriers**

*NC0304091592 Nicosia O AGON in Greek  
3 Apr 92 p 20*

[Text] As of 31 March 1992, 109 people were infected with the AIDS virus in Cyprus, of which 62 are Cypriots and 47 are foreigners. The foreigners left Cyprus following the diagnosis.

Of the 62 Cypriots infected with the AIDS virus 14 were AIDS patients and 47 AIDS carriers [inconsistent figures as published]. So far nine AIDS patients have died.

During the first three months of 1992 only three cases of foreign AIDS carriers were recorded, one Romanian and one Hungarian artiste and an African worker.

Since November 1991 not one case has involved a Cypriot AIDS patient or carrier, possibly due to Health Ministry prevention and control measures and to people starting to believe that it is up to them to prevent the spread of AIDS and to develop responsible behavior.

**FINLAND****Physicians' Group Urges Mandatory HIV Testing**  
*92WE0302A Helsinki HELSINGIN SANOMAT  
in Finnish 29 Jan 92 p 6*

[Unattributed article: "Physicians' Group Demands Mandatory HIV Testing; Eeva Kuuskoski Still Believes in Voluntary Testing"]

[Text] The spread of HIV could be prevented more effectively than at present if mandatory tests were made of suspected carriers of the infection. At least that is what 31 dermatologists and venereal disease specialists, who delivered a proposal for the modification of the communicable disease statute to Eeva Kuuskoski, social and health minister, believe.

HIV testing could be mandatory if the AIDS statute were classified as a generally dangerous communicable disease, like syphilis. At present AIDS belongs, like chlamydia and gonorrhea, to the so-called mandatory disclosure diseases for which notice to the registry must be given.

The initiator of the proposal, physician and AIDS researcher Sirkka-Liisa Valle, says that the present law supports the view that an HIV-infected person does not need to inform his or her sexual partners. In addition, in Valle's opinion, not all general practitioners or internal medicine specialists inquire about the sexual partners of their HIV patients.

Most infections could have been prevented if a careful listing of contacts had been made in time, the petition states.

**Change Would Demand Strong Reasons**

Eeva Kuuskoski, social and health minister, is not certain that it would be necessary to alter the present Finnish system.

"Our situation is fairly good if we compare it to many other countries. If the policy of voluntary testing is to be changed, then there have to be very strong reasons."

Kuuskoski wonders how the change could help keep the infection under control.

"Physicians coming here from abroad say that doctors in Sweden have greater powers. In Finland, one-fifth of those knowingly infected do not inform their partners, while in Sweden the figure is one-fourth. Thus our results are better."

Kuuskoski also stated that the World Health Organization [WHO] supports voluntary testing.

"But what can a physician do if one does not say anything to his partners? I believe the confidential treatment relationship is a principle worth preserving."

Sirkka-Liisa Valle considers the present HIV classification illogical.

"In the past classification was based upon the fact that mandatory treatment of AIDS could not be carried out because there is no cure. The laws, however, do not mention treatment, but presuppose that the spread of the disease can be prevented."

Valle states that the life of those infected can be prolonged and their quality of life improved. "In addition most, after learning of their disease, begin to behave more responsibly."

Valle believes that fewer would refuse testing if mandatory methods were possible. In her opinion, the need to employ such measures would be extremely rare.

"Those opposing this change support voluntarism by claiming that getting people to be tested is easier when the threshold is low and the tests free. However, hospitals are continuing to see patients coming in with their illness already at an advanced stage."

**Medical Association Desires Change**

The Finnish Medical Association took a stand in favor of AIDS registration back in 1987. In the opinion of the Association the disease should be classified as epidemic.

Markku Aarimaa, managing director of the association, also has the same opinion. According to him it is doubtful if mandatory testing would reduce the size of the group who voluntarily take HIV tests.

"At any rate the change would create more weapons to be used against those who are deliberately spreading the disease," he says.

According to Outi Lithen, managing director of the AIDS Research Center, the change would be stupid.

"Most often the first concern of a person who has gotten infected is if he or she has infected others," Lithen stated. "If some person is careless about him/herself and others, then I don't believe that taking the test will change the situation."

"Even though the laws would have all kinds of constraints a person could say that he did not remember. The skill of the physician is most important here," Lithen says.

### Minister Rejects Compulsory HIV Treatment

#### Physicians Group Urged

92WE0309A Helsinki HUFVUDSTADSLADET  
in Swedish 30 Jan 92 p 3

[Article by Mardy Strom: "HIV Specialists Advocate Compulsory Treatment"]

[Text] A group of specialists in skin and sexually transmitted diseases is calling for a stricter classification of HIV infection.

Currently syphilis, for example, is classified as an infectious disease that represents a public danger. This makes compulsory treatment possible.

In contrast people infected with HIV can neither be tested nor treated against their will nor is it possible to notify previous partners of the risk if an HIV-infected person refuses to provide this information.

"Normally this is no problem," said Sirkka-Liisa Valle, who was one of those who urged Social Affairs and Health Minister Eeva Kuuskoski to make the change at the beginning of the week. "Most patients who need to be tested for HIV are responsible and willing to cooperate," she said.

"But unfortunately there is a small group of people who do not want to know if they are HIV positive. They want to go on living as they did before."

Today, in other words, there is a notification requirement for HIV-infected people but suspected cases cannot be compelled to undergo an examination unless they consent.

#### Policy Selection Important

Dr. Valle, who is a surgeon, feels it is high time to decide what we want to do. She thinks it is important to increase the chances of tracing the disease now while the number of infected people is still relatively small.

Part of the medical profession seems to have shared this view—for quite some time. As far back as the spring of 1987 Finland's medical association released a statement on the subject. It was considered important to have an ordinance classifying HIV as an infectious disease posing

a threat to the public so the authorities would have a chance to intervene in cases where the people involved do not care about the harm they can cause to others.

"It is true that when a patient seeks treatment today it is possible in practice for doctors to make any tests they want to; in a way they have carte blanche," stated a specialist in infectious diseases, Associate Professor Ville Valtonen of HUCS [Helsinki University's Center for Infectious Diseases].

Things may be worse when the law on patients' rights that is being prepared goes into effect, he pointed out. It would make it impossible to perform an HIV test, for example, without the patient's consent.

"If we are forced to ask for consent in the future, quite preposterous situations can arise," he said. "Just think of emergency cases who are in such poor shape that they cannot be questioned. And what will we do if there are several patients in the same room?"

Compulsory treatment for people with dangerous sexual diseases has not really been any problem in Finland, according to Dr. Valle. That HIV is not classified in the same way as syphilis, for example, is due to the fact that there is no cure for AIDS and therefore compulsory treatment is not regarded as possible.

"But the law does not talk about cures," she pointed out. "The goal is to check the spread of epidemics through measures aimed at individuals."

She also pointed out that treatment is a right as well as an obligation. Although there is no cure for AIDS, treatment methods have been improved so that patients' lives can be extended by one to two years. It is also possible to alleviate some of the symptoms. This means a better quality of life.

There are over 100 people with AIDS in Finland and around 450 are HIV positive. In 1991 alone at least 32 people died of AIDS.

Valle pointed out that recent studies of the most cost-effective ways of preventing the spread of HIV stress the possibility of tracing former sexual partners. Such studies have been made in Sweden and the United States, for example.

In Sweden the law is no problem. There the law provides approximately the same possibilities that a group of doctors here is now calling for.

#### Opposition

There is opposition to the reform the doctors are calling for—mainly among people who are afraid that giving the infection a stricter classification would make some groups of patients extremely reluctant to seek treatment. They say a change would also diminish the integrity of private life.

Social Affairs and Health Minister Kuuskoski says an evaluation of the Finnish line is currently being made at the ministry.

"Now that we can see the results of five to six years of work the Finnish effort is in a high international class," she said. "If we change our principles we must be very sure that this will also produce better results."

She is not convinced at this time that compulsory treatment is what is needed. She believes in confidentiality on these matters in doctor-patient relationships and says a change in the law would not necessarily make it easier to trace former sexual contacts.

In Finland around 20 percent of HIV-positive people refuse to give the names of their sexual partners. Although Swedish law provides greater possibilities in this respect the rate there is around 25 percent, she pointed out.

#### **Kuuskoski Defends Policies**

*92WE0309B Helsinki HUFVUDSTADSBLADET  
in Swedish 14 Feb 92 p 5*

[Article from Finnish News Agency: "Coercion Does Not Combat AIDS"]

[Text] There is no intention to resort to compulsory measures to combat AIDS in Finland, according to Social Affairs and Health Minister Eeva Kuuskoski (Center Party). The present line, which is based on voluntary action, has produced good results in her opinion. Kuuskoski says that in recent years the view that compulsory measures should be avoided has gained strength on the international level as well. Finland's procedure can also be justified by the fact that Sweden, which has taken the compulsory line, has achieved no better results in combating AIDS than we have here. Sweden is the only Nordic country where compulsory measures are possible. Compared with Sweden HIV infection has spread much more slowly in Finland. At the end of last year Sweden had 2,972 people infected and Finland had 428, according to chief physician Olli Haikala.

Compulsory measures are more likely to do harm than good in the control effort based on tracing contacts. Compulsory measures do not create a good basis for responsible behavior. On the contrary, tests are only useful when they lead to responsible behavior.

The threat of compulsory measures can also lead to fewer people reporting their sexual contacts, even though the law on infectious diseases makes it their duty.

According to a Swedish study over a quarter of those infected with HIV did not report a single contact.

However it is extremely rare that compulsory treatment or compulsory testing has been resorted to in Sweden. Even though the law makes it mandatory to come in for testing if one is reported as a contact, doctors do not test

people against their will in practice. To date only seven or eight patients have received compulsory treatment.

Considerably fewer cases of infection have been noted in Finland than in other parts of West Europe. Last year HIV infection was found in 57 new patients of whom 39 were Finns. The year before the total number of people infected was 91, 63 of them Finns.

According to Associate Professor Pauli Leinikki it is not believed that there are a large number of undetected disease carriers behind the cases that have been diagnosed.

#### **Health Agency Issues AIDS Forecast for Helsinki**

*92WE0360B Helsinki HUFVUDSTADSBLADET  
in Swedish 3 Feb 92 p 7*

[Unattributed article: "Health Department's Five-Year Estimate: Number of HIV Cases To Double In Helsinki"]

[Text] The Health Department of the city of Helsinki estimates that the number of people affected by HIV infection will double in the next five years. This is a prognosis which covers the incidence of the HIV virus only in Helsinki.

It is assumed that the number of HIV patients will increase from 210 cases last year to approximately 400 in the year 1996.

The Health Department calculates that this year expenses to fight HIV will approach 8.4 million markkaa.

By the year 1996 it is estimated that the job of informing and teaching about and preventing HIV will cost about 13.7 million markka.

The target groups on which preventive efforts will concentrate will be homosexual and bisexual men, intravenous drug users, people with multiple sexual partners, and people who travel abroad.

All Helsinki residents affected by HIV who need health care and tests have been referred to the Aurora Hospital.

In September of last year 169 people infected with HIV were either admitted to the hospital or were being cared for by the hospital. Twenty-four had full-blown AIDS while 120 had symptoms and 25 were asymptomatic.

Getting an HIV test costs nothing at city public health stations, the polyclinic for sexual diseases, or the AIDS support central office. No name need be given if one does not wish to.

The HIV tests are analyzed at the Aurora Hospital and, whereas in 1990 it analyzed 18,700 tests, the hospital estimates it will analyze upwards of 30,000 cases per year during the next five years.

**Paper Urges Tougher Laws To Combat AIDS**

92WE0360A Helsinki HUFVUDSTADSBLADET  
in Swedish 23 Feb 92 p 2

[Editorial: "Employ Every Means To Fight HIV and AIDS"]

[Text] The HIV infection and AIDS are serious public health problems and they are growing in magnitude the world over.

The types of viruses which cause the diseases possess properties some of which had been unknown until today, but to fight the spread of HIV and AIDS it is advisable to benefit from decades of experience in learning how infectious diseases can be fought.

Owing to the fact that in the western world this deadly viral disease was first noted among homosexuals, both information and the fight [against AIDS] got priority.

In part the general public got the erroneous and dangerous notion that this was just a problem for sexual minorities and in part protecting people from infection was influenced to an unnecessarily great extent by homosexual pressure groups.

It is both understandable and worth noting that people are afraid that the liberalization which had been achieved in the area of attitudes toward sexual minorities will be undermined, but at the same time everyone involved is hurt by the fact that special treatment for this disease was advocated.

The issue of HIV/AIDS is of course extremely sensitive since it is to such a great extent one of private sexual mores, yet it is still important that epidemiological and medical efforts benefit from the experiences and the methodologies which already exist within the realm of preventing infection.

In this context it is necessary that the disease be reported in such a way that preventive efforts have every opportunity to detect infection in those cases where it is suspected and follow up contacts who it may be feared are infected and present a risk of infection for others.

It is obvious that this should occur primarily through open and trusting contacts between patients/clients and relevant health care staff, which is also the case.

But in an imperfect world, we cannot assume that everyone knows what is best or wants it for themselves or others. Decades of work combating infectious diseases show that unfortunately there are individuals who through their behavior constitute a risk to themselves and to others.

So it is proper that HIV/AIDS be classified in such a way which makes it possible to follow up infectious risks efficiently and thus strengthen preventive efforts. This is all the more important as there is as yet no effective treatment.

In practice it is seldom necessary to apply these harsher measures, but they are needed for exceptions. Furthermore, in the long term, it is better that a disease not have a biased special position but rather than it fall within the framework of normal efforts at preventing infection.

This is also necessary inasmuch as risky behavior is increasingly being concentrated among the heterosexual majority and among drug users.

Responsible homosexuals have already demonstrated that information and solidarity can reduce the risk of infection. We can hope that such attitudes will also counteract certain signs of irresponsible opposition by needed research efforts.

The problem of HIV/AIDS has drawn attention to how hard it is to fight drug abuse. Quite some time ago there was an example of a controversial effort to treat drug users which skirted the limit of what was legally permissible.

This involved programs in which the authorities distributed methadone or other drugs and made it possible to exchange used hypodermic syringes for clean ones.

The experimental program in Holland and southern Sweden showed that the spread of HIV can be cut in this way, and it is proper to take such unconventional methods seriously inasmuch as many traditional methods have proven to be utterly ineffective in the fight against drug abuse—and thus against HIV/AIDS.

Both proven and new methods are needed to find the answer to the difficult problem of HIV infection and AIDS.

**FRANCE**

**Volunteers Respond for AIDS Vaccine Testing**

92WE0317A Paris LE FIGARO in French  
27 Feb 92 p 15

[Article by Dr. Martine Perez: "The Intelligent Guinea Pigs of the AIDS Vaccine"—first paragraph is LE FIGARO introduction]

[Text] Response to the appeal of the National [AIDS] Research Agency and the Pasteur Institute has been unexpectedly large. The majority of volunteers are men, of all ages. Many have close friends stricken by the disease....

Who is the typical volunteer for testing AIDS vaccines? A man, not necessarily very young, who lives in Paris or in the Paris region and who feels personally involved in the war against AIDS. On 27 November 1991, after unsuccessful recruitment efforts by less media-intensive methods, the National AIDS Research Agency (ANRS) launched an appeal in the press for 60 volunteers who were healthy—not infected with the AIDS virus—and willing to participate in tests of an experimental vaccine

developed by a team headed by Prof. Marc Girard of the Pasteur Institute. The very first day, the ANRS switchboard was inundated with calls. Offers poured in from all corners of France—an oblique testimonial to the deep impact the AIDS epidemic has had on the French population.

To date, three months after the appeal, ANRS has received more than 600 letters from volunteers. The volunteers will now go through a strict selection process, based on very precise medical and psychological criteria, to come up with a pool of at least 150 participants (ANRS has decided to go for a larger sample, since the recruitment campaign was so successful) for experiments in the coming months. The first test is expected to begin in about eight weeks.

Even a cursory review of the 600 letters sent to ANRS is enough to give an instant "sociological" portrait of the characteristics and motivations of typical volunteers. Two-thirds of them are men. They are between ages 18 and 65, with no age group disproportionately represented. The majority are Parisians, but letters have come in from all over France and even from abroad. However, in accordance with the Huriet law, only persons covered by the national health system are eligible to participate.

Some letters were sent by prisoners; their applications were necessarily rejected, for ethical reasons. Others, also excluded, came from seropositive patients hoping to derive some benefit from the experimentation, though participation is strictly limited to volunteers who test negative for the AIDS virus. It is also difficult to accept into the pool those who, while not themselves infected by the AIDS virus, have a seropositive partner.

#### **Worried Parents**

All socioeconomic strata were represented. Included were letters from doctors and researchers (the doctors, researchers, and technicians organizing and coordinating the experiment are not allowed to participate as volunteers). Against all expectations, less than 10 of the 600 offers were sent in by crazies.

Although volunteers were not required to discuss their motivation in the initial letter, almost all did so on their own initiative. The letters show that often what leads people to want to participate in vaccine tests offering no obvious immediate benefit is their closeness to an AIDS sufferer—the simple desire to be helpful in the face of suffering which has hit someone close and which one cannot forget.

Others volunteered for these experiments from a different perspective: These are blood donors, people who are prepared to donate their bone marrow and various organs after death, who out of the same sense of altruism believe they have a duty to participate in the struggle against AIDS. Finally, there is a third, less numerous category of volunteers: parents of children and adolescents who are worried about the threat AIDS poses to their progeny. They said they were ready to participate in

such an experiment so their children would not have to live in a world traumatized by the HIV virus.

Now begins the selection process. A letter will be sent to them proposing medical examinations and psychological interviews. The testing pool will not be finalized until this phase is complete. "The culling of volunteers is an extremely delicate phase of the research," explains Professor Jean-Paul Levy, director of ANRS. "These volunteers must be considered partners in a humanitarian and scientific adventure, not simply test subjects in a research project from which they will derive no individual benefit, especially in financial terms. To explain the implications of such an experiment, its limits and its constraints, is thus an essential part of the selection process."

#### **Ile-de-France Region Hardest Hit by AIDS**

92P20173A Paris *LE FIGARO* in French 1 Mar 92 p 9

[Unattributed article: "AIDS in France as of 31 December 91"]

[Text] According to the latest figures of the weekly "Epidemiological Bulletin" (as of 31 December 1991), 17,454 cases of AIDS, of which 382 were children, have been recorded since the beginning of the epidemic in France. However, adjustment of the data allowing for delays in notification makes it possible to estimate the actual number of total cases at 19,815.

Hypothesizing that 10 to 20 percent of cases go unreported, France can assume 22,000 to 24,000 diagnosed cases in all, with men, on the whole, affected five times more frequently than women.

These data reveal, for the first time, a certain decrease in the number of cases diagnosed in 1991—3,035—compared to the preceding year—3,857—for a figure close to that of 1988. Individuals 30-39 years old, homosexual or bisexual, are the ones most affected by this disease. However, the proportion of drug addicts and heterosexuals is increasing. The Ile-de-France region still remains the hardest hit with 8,927 reported cases, ahead of the Provence-Cote d'Azur zone which is second on this dismal list with a total of 2,452 cases since the start of the epidemic.

#### **GERMANY**

##### **AIDS Self-Help Organization Meeting Detailed**

92WE0368A Dresden *SAECHSISCHE ZEITUNG* in German 16 Mar 92 p 2

[Unattributed DPA report: "German AIDS Self-Help Organization: "The Wall" Functioned as Condom of the GDR—Conference Calls for Stronger Methods of Prevention"]

[Text] Hans-Peter Hauschild, chair of the German AIDS support organization, said at a membership conference

in Weimar, that "the wall" was "the condom of the former GDR," and that now, after the country's reunification, AIDS prevention in the new laender has become "immensely important." Official numbers indicate that in eastern Germany 350 persons, 80 percent of which are male homosexuals, are currently suffering from the disease or are carrying the HIV-virus. This number compares to 50,000 persons in western Germany.

The work of 17 eastern German regional AIDS support groups is endangered by financial problems, by lacking facilities or facilities threatened by recall demands, by legal uncertainty, and by authorities who lack understanding. Hauschild remarked that a 180 degree turn seems to be underway in Saxony's government. Last year the government had provided no means to prevent AIDS, but for 1992 it has earmarked four million marks.

Delegates of 130 regional support organizations met for the first time in eastern Germany and they demanded long-term financial assistance for the care of AIDS patients. The state-wide support organization currently is staffed by 6,000 volunteers and 550 employees.

#### Saxon Self-Help Group Plans AIDS Prevention

92WE0368B Leipzig LEIPZIGER VOLKSZEITUNG  
in German 19 Mar 92 p 7

[Article by Moritz Jaehnig: "AIDS Prevention Made in Saxony—Saxon AIDS Support Groups Oppose Copying Bavaria's Measures"]

[Text] "AIDS in Saxony" is now becoming a public conversation topic. Well before Saxony's Parliament decided to ready four million marks of its 92 budget for AIDS prevention, regional AIDS support groups had met in Dresden and had discussed the situation of HIV-carriers in Saxony. There is concern that instead of developing an AIDS prevention program of its own, the land government will adopt the so-called Bavarian plan with its strongly restrictive measures towards HIV-carriers and those in high-risk groups. With this in mind, about 60 representatives from local public youth-and health organizations and counseling centers of the state's four regional AIDS support groups plus scientists and workers from AIDS victim self-help groups came together and agreed on an AIDS plan that would be right for Saxony. It needs to be mentioned that only gay men were represented at the conference. They make up 77 percent of Germany's AIDS carriers, and thus they are the group hardest hit. There were no conference participants from the drug and prostitution scene nor from the area of law enforcement. The entire issue of women and AIDS was also left out.

Dr. Michael Bochow from Berlin stressed that eastern Germany's special starting conditions make it difficult to adopt western experience. He said that Saxony must thoroughly train the experts that presently give AIDS counselling on the local level and in AIDS support groups. The message about prevention must not stay

restricted to well-known facts, it must be tailored to special target groups by choice of words and personal communication. He said the highest priority is the fostering of a sense of self-acceptance and responsibility-taking.

AIDS counseling by public health offices often suffers from insufficient funding. Testing is costly, and local AIDS support groups have far too few regular staff to really make a difference.

Saxony still has a relatively favorable situation concerning the spread of AIDS infection. But it is high time for action. There was almost no discussion about the fact that agencies won't receive money outright, but that they will have to ask for it according to their estimated needs. Controversies are likely about whether to give AIDS victim self-help groups participant status. Studies have shown that a gay-lesbian infrastructure—almost vanished since the political "Wende"—can greatly contribute to effective AIDS prevention. One can be sure though, that the prevention message intended for the highest risk group will find its target through gay self-help groups.

The conference shifted from its initial preoccupation with a more science and theory oriented approach to entirely health and policy oriented considerations. Because time is pressing, participants agreed to reconvene in only six weeks for a kind of roundtable meeting or a task force made up of AIDS counselors, scientists, politicians, and representatives of AIDS victims self-help groups. The agenda includes: Health education, ways to take the blame off the prime risk group, caring for those infected by the HIV-virus and for AIDS patients, and sex-related policies. Another item on the agenda deals with extending practical cooperation between, for example, self-help groups of AIDS victims. Leipzig could serve as an example in this regard.

#### GREECE

##### Health Minister Notes AIDS Cases Jan-Mar 92

NC1404171692 Athens Elliniki Radhiofonia Radio  
Network in Greek 1130 GMT 14 Apr 92

[Text] A total of 59 AIDS cases were recorded in our country during the three-month period of January through March. Health Minister Yeoryios Sourlas gave evidence to this effect during a seminar on health guidance held at Zappion Palace.

#### IRELAND

##### AIDS Baby Born to Heterosexual Mother

92WE0349A Dublin IRISH INDEPENDENT  
in English 18 Feb 92 p 3

[Article by Clodagh Sheehy: "'Hetero' AIDS Baby"]

## WEST EUROPE

[Text] A new category of AIDS sufferer has been established by the Department of Health with confirmation of the first Irish baby with full-blown AIDS born to a heterosexual mother who is not a drug abuser.

National AIDS coordinator Dr. James Walsh said last night this case underlined the growing spread of AIDS to the heterosexual community.

Nine percent of all AIDS cases were now heterosexual, compared to "almost none" five years ago, he pointed out.

Of the nine babies in this country who have developed full-blown AIDS, only one was born to a heterosexual mother who was not a drug abuser—the other eight were born to intravenous drug abusers and six of these have died.

Altogether 78 babies have been born with the HIV virus but, according to Dr. Walsh, many of these babies lose the virus by the age of 18 months when the mother's antibodies leave their system.

"Between 13 percent and 14 percent" of HIV babies go on to develop full-blown AIDS, he added, "but this still leaves 86 babies out of every 100 who do not."

## PORUGAL

### AIDS Statistics Since 1983

92WE0290B Lisbon PUBLICO in Portuguese  
13 Feb 92, p 25

[Unattributed article: "Fifty-Eight More AIDS Cases in the Last Quarter"]

[Text] In the last quarter of 1991, there were 58 new cases of AIDS in Portugal, raising the total number reported since the very first, in 1983, to 804.

These data were collected by the center for the epidemiological control of communicable diseases during the period in question. According to the National Commission for Combating AIDS (CNLS), as quoted by the LUSA agency, the identification of 27 cases of the AIDS-related complex and 67 cases of asymptomatic patients testing positive indicates that "the epidemic is continuing to accelerate."

According to the CNLS, an increase in the AIDS cases in women, who currently account for 12.6 percent of the patients, is being seen in Portugal. The first case of the infection in a woman was reported in 1985.

### More Children Infected

An increase has also been seen in the incidence of AIDS in children. In 1991, there were 12 cases reported in this age group, "more than all of the cases in this group reported in the previous eight years." The patients in the group between 0 and 12 years of age, of whom there are 22, represent 2.7 percent of the total. Those in the group

between ages 20 and 44 continue to have the highest incidence, with 561 cases representing 69.9 percent of all of the patients.

As risk behaviors, the commission lists, in order of decreasing importance, homosexual and bisexual relations, which are the practices characteristic of 45 percent of the patients reported, followed by heterosexual relations (26 percent) and drug addiction (14 percent).

However, the CNLS emphasizes that "the gradual increase in the incidence of the disease among those addicted to drugs and heterosexuals is clear, which means a considerable increase in the risk for the population at large."

### High Mortality Rate

The most frequent method of transmitting the virus continues to be sexual behavior, which accounts for about 70 percent of the cases, while infected blood is responsible for 22 percent and transmission from mother to infant for 1.4 percent of the total.

Opportunistic infections (79.6 percent) and Kaposi's sarcoma (9.5 percent) are among the pathologies that lead to a diagnosis of the disease.

Of the 804 patients reported to have the disease since 1983, 428, representing 53.3 percent of the total, have died. The mortality rate is highest among homosexuals who are drug addicts (66.7 percent).

Where the geographic distribution of the disease in Portugal is concerned, the districts affected most seriously have been Lisbon (435 cases), Setubal (75), Oporto (64), Faro (22), Leiria (19), Viana do Castelo (16), Braga (15), Coimbra (14), and Aveiro (11), while the other districts have had a total of 44 cases.

The CNLS, of which Machado Caetano is the coordinator, also warns of the fact that the real number of cases of AIDS in Portugal is "certainly higher than reported," and it is appealing to all citizens to participate in the battle against the disease.

"The only effective weapons in the battle against AIDS continue to be information, education, and taking responsibility for oneself," this body emphasizes.

## UNITED KINGDOM

### Government Reports 94 New AIDS Cases in Feb

LD2403085792 London PRESS ASSOCIATION  
in English 1912 GMT 23 Mar 92

[Text] There were 94 new cases of AIDS reported in the United Kingdom during February, according to government statistics published today. It brings the number of AIDS cases since 1982 to 5,649, said the Public Health Laboratory Service. There were 72 reported deaths from AIDS in February. In Scotland, no new cases were

reported during the month, although there were three deaths from the disease, according to the Scottish Office.

**Health Service Gives New Statistics on AIDS**

*92WE0379 London THE DAILY TELEGRAPH  
in English 24 Mar 92 p 9*

[Text] The number of women with AIDS grew by a third in the past 13 months compared with the previous year, while the number of men dropped slightly, the Public Health Laboratory Service [PHLS] said yesterday.

But AIDS remains predominantly a disease of homosexual men, with nearly 10 times as many affected as women, and although it affects every health region in the country, the North-West and North-East Thames regions have by far the largest numbers of victims.

The PHLs report showed that the number of women with the disease rose from 99 to 132 (33 percent) while the number of men fell by four percent from 1,237 to 1,185. A further 94 new cases of AIDS were notified last month, bringing the total to 5,648, of whom 3,527 (62 percent) have died since official records started in 1982.

**Worldwide AIDS Incidence Increasing**

*92WE0237A Moscow SOVETSKAYA ROSSIYA  
in Russian 11 Jan 92 p 5*

[Article by N. Suglobov: "AIDS: Statistics of Pending Disaster. There Are No Safe Areas"]

[Text] The AIDS pandemic has issued a fatal call to people in many regions of the planet. At the same time the complacency of society is rising, and the resolution to combat the virus is weakening. Similar alarming evaluations are ever more frequently flashing across the pages of the western press.

At the beginning of January 1981, M. Gotlib, an immunology professor at California [State] University at Los Angeles, was the first to show students the first AIDS patient. In the 11 years that have since passed, this disease has been officially recorded in 157 countries of the world, where up to 500,000 victims have been identified. The specialists say that the actual number may be more than 700-800,000, and there may be up to 10,000,000 virus carriers.

The most serious epidemiological situation is in the USA, where 200,000 AIDS patients have been registered, three-fourths of which have already died. Three thousand new cases of the disease are identified monthly. AIDS has become one of the chief causes of death among women aged 20 to 40 years. In New York alone, as the National Conference of American Physicians noted, up to one percent of pregnant women have AIDS. Even now the medical establishments in that city are choking from the flood of patients and are experiencing shortages of resources and medical personnel.

The AIDS epidemic is also gaining strength in Europe. A report by the French national agency for AIDS control noted that there is one virus carrier for every 30 people aged 25-35 years in Greater Paris, and there are approximately 200,000 carriers in the country.

The pandemic knows no political or geographical boundaries. The virus affects all people, regardless of age, nationality, race, or lifestyle. The beginning of the second decade of life in a society under the conditions of AIDS has been marked by a gradual shift in the epicenter of the pandemic to developing countries. In Thailand, for example, the number of virus carriers has increased by 50 times in the last three years alone! There are rapidly developing areas of the epidemic in the countries of Latin America. In Brazil, it is predicted that the number of victims will increase from 20,000 today to 90,000 by 1995, and 260,000 by the end of the century. More than 3,000 victims have been found in Haiti; however, physicians suspect that one in three inhabitants of this island has the AIDS virus.

AIDS continues to spread through Africa, much faster than the prophylactic programs that have been initiated in a number of countries on this continent. The wave of

the epidemic has already broken over the entire continent and is literally spilling from the city to the country. In the opinion of M. Rozema, director of the Pan-African Organization for AIDS Prevention, up to 20 percent of the adult population of Central Africa is infected with the fatal virus. In Africa the epidemic is steadily eliminating the advances that have been made in reducing infant mortality and in the next decade will reduce the average life span to 48 years. AIDS is already destroying entire towns in African countries and is seriously undermining the work force, which in turn results in a decrease in aid from exports and generates signs of hunger.

Indian physicians compare the future spread of AIDS in Asia to a volcano ready to erupt. The economic, social, and religious factors, the poverty of the people, and discrimination of women will lay all the conditions for the spread of the virus.

Y. Museveni, president of Uganda, announced at the opening of the Seventh AIDS Conference, which was recently held in Florence, that the worldwide burden of preventing the infection is moving rapidly to the developing world, where 90 percent of those with AIDS will live by the year 2010. If coordinated measures are not undertaken for correcting the economic imbalance between developed and developing countries, he said that we would be witnesses to the deaths of many millions of people.

The decrease in prices for raw materials, curtailed importation of medications, and the undeveloped infrastructure of medical services and shortage of resources for prophylactic campaigns has made developing countries extremely vulnerable to AIDS. The solutions offered by physicians may begin to work, if up to 85,000 dollars are spent on each AIDS patient. Where are the African countries, whose total public health budgets allow for less than 3.5 dollars per person per year, going to get that kind of money? In its report, the international institute PANOS [as published] indicated that funds that far surpass those available in the African countries are needed to combat AIDS in Africa.

The second decade of AIDS will be, according to specialists' predictions, even more serious than the preceding one. By the end of the decade the number of AIDS cases in Africa and America may triple, and in Asia the increase will be ten-fold. The annual morbidity rate in 1995 will be approximately 450,000, and by the year 2000 it will be 600,000 persons. As a result, 10,000,000 children under the age of ten will be left orphans.

In order to prevent a catastrophe we need first and foremost all the resources to meet medical needs. Professor V. Ramalingaswami, from the All-India Institute of Medical Sciences and UNICEF advisor on AIDS, was fully justified in saying at the conference that the "expenses of fighting the Persian Gulf war of one billion dollars per day show that we have the resources if there

is the political will to implement a policy that guarantees each person the right to be free of AIDS."

**WHO Reports Worldwide AIDS Cases**

*AU0104131792 Paris AFP in English 1238 GMT  
1 Apr 92*

[Text] Geneva, April 1 (AFP) - The World Health Organisation (WHO) Wednesday said it had registered a total of 484,148 cases of full-blown AIDS cases worldwide, of which 37,000 over the past three months.

The increase was most notable in Africa, the Americas and Europe.

In Africa, WHO said 143,936 had been registered, of which 30,190 cases in Uganda, 27,396 in Tanzania, 14,762 in Zaire and 12,074 in Malawi.

In the United States, the number increased by 15,000 to 268,445.

Europe registered a total of 66,106 cases, including some 17,000 for France and 11,000 for Italy.

WHO estimates that between 10 and 12 million people are already infected by the AIDS-causing virus, which destroys the body's immune system resulting eventually in death.

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